

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

1199 SEIU United Healthcare Workers East Federal Political Action Fund

ADDRESS (number and street)

498 Seventh Ave

24th Floor

Check if different
than previously
reported. (ACC)

New York

NY

10018

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00348540

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

11

D D D /

26

Y Y Y Y Y Y Y

2024

through

M M M /

12

D D D /

31

Y Y Y Y Y Y Y

2024

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

Type or Print Name of Treasurer

Schaub, Helen, , ,

Signature of Treasurer

Schaub, Helen, , ,

Date

M M M /

01

D D D /

31

Y Y Y Y Y Y Y

2025

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

M M	/	D D	/	Y Y Y Y Y
11		26		2024

 To:

M M	/	D D	/	Y Y Y Y Y
12		31		2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2024		2238973.91
(b) Cash on Hand at Beginning of Reporting Period.....	2180384.09	
(c) Total Receipts (from Line 19)	555035.28	5964377.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2735419.37	8203351.14
7. Total Disbursements (from Line 31)	1120.90	5460785.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2734298.47	2742565.97
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	391705.48	

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 26 2024

To:

M M / D D / Y Y Y Y
12 31 2024**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

36743.79

69984.11

(ii) Unitemized

500444.39

5835881.20

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

537188.18

5905865.31

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5)

537188.18

5905865.31

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

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

17847.10

58511.92

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

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

0.00

0.00

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

555035.28

5964377.23

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

555035.28

5964377.23

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1.00	37041.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1.00	37041.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	4935734.41
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	67500.00
24. Independent Expenditures (use Schedule E)	1119.90	90689.34
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	8156.69
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	8156.69
29. Other Disbursements (Including Non-Federal Donations).....	0.00	321663.60
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1120.90	5460785.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1120.90	5460785.17

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	537188.18	5905865.31
34. Total Contribution Refunds (from Line 28(d))	0.00	8156.69
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	537188.18	5897708.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1.00	37041.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1.00	37041.13

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

FOR LINE NUMBER: PAGE 6 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Abayev, Edward, , ,

Mailing Address 14419 77th Ave

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6389933

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Abbott, Earl, , ,Mailing Address 973 Mckinley St
NullCity
BaldwinState
NYZip Code
11510-4840FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6389934

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Abreu-Cruz, Hazel, , ,

Mailing Address 574 Greenville Tpk

City
MiddletownState
NYZip Code
10940-7185FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6389935

Amount of Each Receipt this Period

40.00

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

90.00

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

FOR LINE NUMBER: PAGE 7 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Acevedo, Jorge, , ,

Mailing Address 15830 76th Ave

Null

City

Fresh Meadows

State

NY

Zip Code

11366-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens

Occupation (for Individual)

Dietary Aide

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2024

Transaction ID : 6389936

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Acevedo, Jorge, , ,

Mailing Address 15830 76th Ave

Null

City

Fresh Meadows

State

NY

Zip Code

11366-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens

Occupation (for Individual)

Dietary Aide

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2024

Transaction ID : 6389937

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Acosta, Stephanie, , ,

Mailing Address 1502 66th St

Apt 5

City

Brooklyn

State

NY

Zip Code

11219-5742

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NY Presbyterian-Brooklyn Methodist Hos

Occupation (for Individual)

Medical Assistant

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2024

Transaction ID : 6389938

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

100.00

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

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

FOR LINE NUMBER: PAGE 8 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Adams, Leah, , ,

Mailing Address 1072 Sturgeon Point Rd

City
DerbyState
NYZip Code
14047-9613FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Absolut Ctr. for Nursing & Rehab @ EdeOccupation (for Individual)
Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6389939

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6389940

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6389941

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

150.00

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

FOR LINE NUMBER: PAGE 9 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Addison, Teneisha, , ,Mailing Address 221 Stow Ave
Apt C6City
TroyState
NYZip Code
12180-6319FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rosewood Rehabilitation and NursingOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6389942

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

B. Aderibigbe, Rafiu, , ,

Mailing Address 517 E 34th St

City

Brooklyn

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

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6389943

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Adjete, Paul, , ,Mailing Address 547 E 180th St
Apt 2D

City

Bronx

State
NYZip Code
10457-3342FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
CT Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6389944

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 10 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6389945

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6389946

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Adlam, Pauline, , ,Mailing Address 540 E 22nd St
Apt 1BCity
BrooklynState
NYZip Code
11226-7265FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6389947

Amount of Each Receipt this Period

45.00

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

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 11 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Adu, Mgbeodi, , ,

Mailing Address 3316 Fenton Ave

City
BronxState
NYZip Code
10469-2806FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Barnabas HospitalOccupation (for Individual)
Telemetry Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6389948

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

B. Afram, Matilda, , ,

Mailing Address 4114 Barnes Ave

City
BronxState
NYZip Code
10466-4312FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Care Pavilion (RN)Occupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6389949

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Agard, Onthona, , ,

Mailing Address 86 Highland Ave

Null

City
FloridaState
NYZip Code
10921-1412FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Civil Service PharmacistsOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6389950

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 323
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

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

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Clinical Lab Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6389951

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Alalqum, Tammam Wael A, , ,Mailing Address 328 E 53rd St
Apt 5City
New YorkState
NYZip Code
10022-5219FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia UniversityOccupation (for Individual)
Research Employee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6389952

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Alba, Mercedes, , ,

Mailing Address 76 Corson Ave

City
Staten IslandState
NYZip Code
10301-2929FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6389953

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

80.00

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

FOR LINE NUMBER: PAGE 13 OF 323

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Alcazar Thompson, Jillian, , ,Mailing Address 506 Central Ave
Apt 3RCity
CedarhurstState
NYZip Code
11516-2003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)
Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6389954

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Alexandre, Frantzy, , ,Mailing Address 3020 Barnes Ave
Apt 1ACity
BronxState
NYZip Code
10467-8578FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Lab Accessioning Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6389955

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Alexandre, Sandrine, , ,Mailing Address 48 E Broad St
NullCity
BergenfieldState
NJZip Code
07621-3004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Patient Fin Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6389956

Amount of Each Receipt this Period

50.00

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 323
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Allen, Abiola, , ,Mailing Address 705 Linwood St
NullCity
BrooklynState
NYZip Code
11208-3525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Services For The UnderservedOccupation (for Individual)
Direct Support Professional

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6389957

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Allen, Abiola, , ,Mailing Address 705 Linwood St
NullCity
BrooklynState
NYZip Code
11208-3525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Services For The UnderservedOccupation (for Individual)
Direct Support Professional

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6389958

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Allen, Amy, , ,Mailing Address 57 W 58th St
Apt 7GCity
New YorkState
NYZip Code
10019-1611FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Surgical Physician Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6389959

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

280.00

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

FOR LINE NUMBER: PAGE 15 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Allen, Miguel, , ,Mailing Address 1059 E 214th St
NullCity
BronxState
NYZip Code
10469-1304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Barnabas HospitalOccupation (for Individual)
Unit Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6389960

Amount of Each Receipt this Period

46.15

☐ Memo Item

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

B. Allen, Selina, , ,

Mailing Address 528 Avalon Gardens Dr

City
NanuetState
NYZip Code
10954-7442FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6389961

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Allen, Valerie, , ,Mailing Address 1967 Marmion Ave
Apt B55City
BronxState
NYZip Code
10460-6148FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence Rest Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6389962

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

106.15

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

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

FOR LINE NUMBER: PAGE 16 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Allmeta, Aurela, , ,Mailing Address 360 Huguenot St
Apt 2509City
New RochelleState
NYZip Code
10801-7032FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore-Wakefield CampusOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6389963

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Alonzo, Juan, , ,Mailing Address 510 W 188th St
Apt 55City
New YorkState
NYZip Code
10040-4696FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Legal Aid SocietyOccupation (for Individual)
Paralegal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : 6389964

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Amazon, Jean-Raymond, , ,

Mailing Address 156 Seaman Ave

City
North BaldwinState
NYZip Code
11510-2548FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6389965

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 323
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Amazan, Jean-Raymond, , ,

Mailing Address 156 Seaman Ave

City
North BaldwinState
NYZip Code
11510-2548FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6389966

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Ampie, Jose, , ,Mailing Address 6822 Donahue Ct
NullCity
Falls ChurchState
VAZip Code
22042-2607FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medstar Georgetown Medical CenterOccupation (for Individual)
Custodial Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6389967

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Ampofo, Prince, , ,Mailing Address 595 Mclean Ave
Apt 3HCity
YonkersState
NYZip Code
10705-4645FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
MRI Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6389968

Amount of Each Receipt this Period

70.00

☐ Memo Item

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

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

220.00

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

FOR LINE NUMBER: PAGE 18 OF 323

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Ampofo, Prince, , ,Mailing Address 595 Mclean Ave
Apt 3HCity
YonkersState
NYZip Code
10705-4645FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
MRI Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6389969

Amount of Each Receipt this Period

70.00

☐ Memo Item

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

B. Amponsah, Rebecca, , ,Mailing Address 40 Memorial Hwy
Apt 3I

City

New Rochelle

State
NYZip Code
10801-8314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Lab Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6389970

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Andino, Penelope, , ,Mailing Address 424 W 146th St
Apt 1B

City

New York

State
NYZip Code
10031-5216FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Albert Einstein College of MedicineOccupation (for Individual)
Clinical Interviewer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6389971

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

130.00

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

FOR LINE NUMBER: PAGE 19 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Antilus, Marie, , ,Mailing Address 1647 Estelle Ave
NullCity
ElmontState
NYZip Code
11003-2217FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dry Harbor Nursing HomeOccupation (for Individual)
Nurses Aides

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6389972

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Antoine, Marie, , ,Mailing Address 3602 Avenue J
Apt 4ACity
BrooklynState
NYZip Code
11210-4319FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6389973

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

C. Apau, Kingsley, , ,Mailing Address 2440 Hunter Ave
Apt 13ACity
BronxState
NYZip Code
10475-5654FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Nursing Auxillary

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6389974

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

105.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 323
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Appiah, Melissa, , ,Mailing Address 1717 Melville St
NullCity
BronxState
NYZip Code
10460-2610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Unit Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6389975

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Archili, Lorraine, , ,Mailing Address 3026 Cruger Ave
NullCity
BronxState
NYZip Code
10467-8211FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Nursing Attendant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6389976

Amount of Each Receipt this Period

38.40

☐ Memo Item

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

C. Archili, Lorraine, , ,Mailing Address 3026 Cruger Ave
NullCity
BronxState
NYZip Code
10467-8211FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Nursing Attendant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6389977

Amount of Each Receipt this Period

38.40

☐ Memo Item

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

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

116.80

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

FOR LINE NUMBER: PAGE 21 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Aristilde, Manda, , ,Mailing Address 623 Rose Blvd
NullCity
North BaldwinState
NYZip Code
11510-1025FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Grand Rehab & Nursing at Great NecOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6389978

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Ariza, Melissa, , ,Mailing Address 48 B SECOND St
48BCity
New CityState
NYZip Code
10956FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6389979

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Armas, Andreina, , ,Mailing Address 10116 86th Ave
Apt B4City
Richmond HillState
NYZip Code
11418-1504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wyckoff Heights HospitalOccupation (for Individual)
Physician Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2024

Transaction ID : 6389980

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

110.00

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

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Armstrong, Tasia, , ,

Mailing Address 2832 W 3RD STREET 10A

City
BrooklynState
NYZip Code
11224FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sea Crest Health Care CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6389981

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

B. Arnold Taylor, Karen, , ,Mailing Address 173 E Saint Marks PI
NullCity
Valley StreamState
NYZip Code
11580-4439FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAGNY - Correctional Health Svcs.Occupation (for Individual)
Patient Care Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6389983

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Arnold Taylor, Karen, , ,Mailing Address 173 E Saint Marks PI
NullCity
Valley StreamState
NYZip Code
11580-4439FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAGNY - Correctional Health Svcs.Occupation (for Individual)
Patient Care Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6389982

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

150.00

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

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Arras, Julia, , ,Mailing Address 40 Kings Dr
HRA-240City
Tuxedo ParkState
NYZip Code
10987-5505FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6389984

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Arrendell-Johnson, Jane, , ,Mailing Address 626 Riverside Dr
Apt 5LCity
New YorkState
NYZip Code
10031-7208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Benefit Fund-1199Occupation (for Individual)
Quality Control Reviewer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6389985

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Arroyo, Luis, , ,Mailing Address 1106 Ellsworth Ave
NullCity
BronxState
NYZip Code
10465-1413FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Phlebotomist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6389986

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

80.00

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

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Arzu, Edward, , ,Mailing Address 1943 Gleason Ave
Apt 3RCity
BronxState
NYZip Code
10472-5160FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Inventory Control Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6389987

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Arzu, Shanny, , ,Mailing Address 304 E 156th St
Apt 6ACity
BronxState
NYZip Code
10451-4825FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Waxer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6389988

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Ashley, Evan, , ,Mailing Address 1 Friends Way
NullCity
Saint JamesState
NYZip Code
11780-1333FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai WestOccupation (for Individual)
Critical Care Paramedic

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6389989

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

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

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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Asiedu, Samuel, , ,Mailing Address 1417 Vyse Ave
NullCity
BronxState
NYZip Code
10459-3292FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Messenger

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6389990

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Atkinson, Jeannet, , ,Mailing Address 955 Walton Ave
Apt 2ECity
BronxState
NYZip Code
10452-9538FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6389991

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Auguste Masse, Caelle, , ,Mailing Address 17290 Highland Ave
Apt 1SCity
JamaicaState
NYZip Code
11432-2830FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sands Point Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6389992

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

160.00

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

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Augustin, Esther, , ,Mailing Address 712 Crown St
Apt E22City
BrooklynState
NYZip Code
11213-5439FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Community Healthcare NetworkOccupation (for Individual)
Medical Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6389993

Amount of Each Receipt this Period

62.50

☐ Memo Item

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

B. Austin, Joyce, , ,Mailing Address 1498 E 91st St
NullCity
BrooklynState
NYZip Code
11236-4906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Silvercrest Extended Care FacilityOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6389994

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Aviles, Shayenne, , ,Mailing Address 1237 E 53rd St
Apt 2City
BrooklynState
NYZip Code
11234-2307FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Care PavilionOccupation (for Individual)
Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6389995

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

112.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 323
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Ayikwei, Samuel, , ,Mailing Address 2800 Creston Ave
Apt 6FCity
BronxState
NYZip Code
10468-2904FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAGNY - Lincoln HospitalOccupation (for Individual)
Physician Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6389996

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Azema, Michlene, , ,Mailing Address 24016 Weller Ave
NullCity
RosedaleState
NYZip Code
11422-2316FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Ave Ext CareOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6389997

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

C. Azemar Desaille, Lyze, , ,

Mailing Address 98 Ludlam Ave

City
ElmontState
NYZip Code
11003-2109FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
B.H.R.A.G.S. Home CareOccupation (for Individual)
Home Health Aid

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6389998

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

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

165.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Baburam, Latchmi, , ,

Mailing Address 1141 Manor Ave

City
BronxState
NYZip Code
10472-3941FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Registrar

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6389999

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Badji, Wisdom, , ,Mailing Address 40 W Mosholu Pkwy S
Apt 27CCity
BronxState
NYZip Code
10468-1162FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore-Wakefield CampusOccupation (for Individual)
Respiratory Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390000

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Badji, Wisdom, , ,Mailing Address 40 W Mosholu Pkwy S
Apt 27CCity
BronxState
NYZip Code
10468-1162FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore-Wakefield CampusOccupation (for Individual)
Respiratory Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390001

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Bailey, Dominique, , ,Mailing Address 75 La Salle St
Apt 3ACity
New YorkState
NYZip Code
10027-4740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Graham-Windham Services To FamiliesOccupation (for Individual)
Youth Development Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390002

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Balbuena, Josefina, , ,Mailing Address 2159 72nd St
1FLCity
BrooklynState
NYZip Code
11204-6004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
People CareOccupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390003

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Banks, Simone, , ,Mailing Address 201 Linden Blvd
Apt D3City
BrooklynState
NYZip Code
11226-3436FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai WestOccupation (for Individual)
Patient Care Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390004

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Barbato, Gianna, , ,Mailing Address 510 Pavonia Ave
Apt 2LCity
Jersey CityState
NJZip Code
07306-1358FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Pharmacy Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390005

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Baresel, Rachel, , ,

Mailing Address 11 Prospect St

City
BeaconState
NYZip Code
12508-3815FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390006

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Barnes, Casey, , ,Mailing Address 3815 Barnes Ave
NullCity
BronxState
NYZip Code
10467-5313FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Eastchester Healthcare CenterOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390008

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

SCHEDULE A (FEC Form 3X)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Barnes, Casey, , ,

Mailing Address 3815 Barnes Ave

Null

City
BronxState
NYZip Code
10467-5313FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Eastchester Healthcare CenterOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390007

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Barnes, Lorna, , ,

Mailing Address 4217 Monticello Ave

Null

City
BronxState
NYZip Code
10466-2111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Glen Island Care CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390009

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Barrington, Beverley, , ,

Mailing Address 1 Martense Ct

Null

City
BrooklynState
NYZip Code
11226-3207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brookdale Hospital Medical CenterOccupation (for Individual)
Admitting Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390010

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

100.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Barry, Aissatou, , ,Mailing Address 2695 Briggs Ave
Apt A1City
BronxState
NYZip Code
10458-4017FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Vincent's Hospital-WestchesterOccupation (for Individual)
Behavioral Health Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390011

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Barthole, Charles, , ,

Mailing Address 201 Dean St

City
Valley StreamState
NYZip Code
11580-4911FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Garden Care CenterOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390012

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

C. Bartholomew, Gemma, , ,

Mailing Address 339 Randall Ave

City
FreeportState
NYZip Code
11520-1919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390013

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

105.00

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

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Batista Peralta, Ana, , ,Mailing Address 2043 Creston Ave
Apt 42City
BronxState
NYZip Code
10453-4221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cooperative Home Care AssociatesOccupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : 6390014

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Batts, Dashan, , ,Mailing Address 1135 E 56th St
NullCity
BrooklynState
NYZip Code
11234-2411FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United Cerebral Palsy Association of NOccupation (for Individual)
Direct Care Counselor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390015

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Beckford, Alden, , ,Mailing Address 120 Elgar Pl
NullCity
BronxState
NYZip Code
10475-5103FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Elizabeth Seton Pediatric and Rehab CeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390017

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

95.00

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

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Beckles, Krissy, , ,Mailing Address 475 Riverdale Ave
Apt 4ACity
BrooklynState
NYZip Code
11207-6112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Food Preparer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390018

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Begglo, Victor, , ,Mailing Address 3750 87th St
Apt 5ACity
Jackson HeightsState
NYZip Code
11372-7521FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390019

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Behelat, Faika, , ,Mailing Address 8812 151st Ave
Apt 4HCity
Howard BeachState
NYZip Code
11414-1413FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Clinical Lab Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390020

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

80.00

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

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Belay, Miraf, , ,Mailing Address 2420 Hughes Ave
Fl 1City
BronxState
NYZip Code
10458-6109FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Terence Cardinal Cooke Health CenterOccupation (for Individual)
Housekeeper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390021

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Belgrave-Broome, Danissa, , ,Mailing Address 1752 E 9th St
Apt B1City
BrooklynState
NYZip Code
11223-2317FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)
Nursing Care Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390022

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Bell, Alecia, , ,Mailing Address 701 Park Pl
NullCity
BrooklynState
NYZip Code
11216-5522FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Processing Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390023

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

150.00

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

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Bell, Alecia, , ,

Mailing Address 701 Park Pl

Null

City

Brooklyn

State

NY

Zip Code

11216-5522

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian Hospital

Occupation (for Individual)

Processing Tech

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2024

Transaction ID : 6390024

Amount of Each Receipt this Period

30.00

☐

Memo Item

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

B. Bell- Benjamin, Kimberly, , ,

Mailing Address 274 Jefferson Ave

City

Amityville

State

NY

Zip Code

11701-2365

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Massapequa Center for Rehabilitation &

Occupation (for Individual)

Dietary Aide

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

472.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2024

Transaction ID : 6390025

Amount of Each Receipt this Period

90.00

☐

Memo Item

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

C. Belot, Pierrette, , ,

Mailing Address 22112 145th Rd

Apt 2

City

Springfield Gardens

State

NY

Zip Code

11413-3401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Silvercrest Extended Care Facility

Occupation (for Individual)

Registered Nurse

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2024

Transaction ID : 6390026

Amount of Each Receipt this Period

30.00

☐

Memo Item

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

150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Benjamin, Monique, , ,Mailing Address 681 Garfield Rd
NullCity
North BaldwinState
NYZip Code
11510-1004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Clinical Lab Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390027

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Benoit, Sherlene, , ,Mailing Address 9417 214th Pl
NullCity
Queens VillageState
NYZip Code
11428-1724FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390028

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Benoit, Sherlene, , ,Mailing Address 9417 214th Pl
NullCity
Queens VillageState
NYZip Code
11428-1724FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390029

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

100.00

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

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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Benson, Michelle, , ,

Mailing Address 8074 St 242

City
SalamancaState
NYZip Code
14779FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Absolut Ctr. for Nsg. & Rehab @ SalamaOccupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390030

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

B. Bentine, Brittny, , ,Mailing Address 1673 Unionport Rd
Apt 2City
BronxState
NYZip Code
10462-3591FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390031

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Benz, Lara, , ,

Mailing Address 12 John F Kennedy Dr

City
BlauveltState
NYZip Code
10913-1639FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390032

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

150.00

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

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Bermudez, Francis, , ,Mailing Address 14711 76th Ave
Apt 2BCity
FlushingState
NYZip Code
11367-3153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VNS Health Personal CareOccupation (for Individual)
Home Health Aid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : 6390033

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Bernard, Alisa, , ,Mailing Address 490 Ocean Pkwy
Apt 8City
BrooklynState
NYZip Code
11218-5008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai WestOccupation (for Individual)
Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390034

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Betancourt, Taina, , ,

Mailing Address 22 Claremont Ave

City

Town Of Tonawanda

State
NYZip Code
14223-2906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaleida HealthOccupation (for Individual)
Patient Support Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

736.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390035

Amount of Each Receipt this Period

184.00

☐ Memo Item

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

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

244.00

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

FOR LINE NUMBER: PAGE 40 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Betancourt, Taina, , ,

Mailing Address 22 Claremont Ave

City

Town Of Tonawanda

State

NY

Zip Code

14223-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kaleida Health

Occupation (for Individual)

Patient Support Associate

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390036

Amount of Each Receipt this Period

184.00

☐ Memo Item

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

B. Bezati, Florije, , ,Mailing Address 485 Bronx River Rd
Apt C21

City

Yonkers

State

NY

Zip Code

10704-2577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390037

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Biney, Emmanuel, , ,Mailing Address 468 W 148th St
Apt 3D

City

New York

State

NY

Zip Code

10031-3839

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation

Occupation (for Individual)

Clinical Lab Technologist

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390038

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

244.00

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

FOR LINE NUMBER: PAGE 41 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Birkett, Warren, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2024 Transaction ID : 6390039
Mailing Address 860 Nostrand Ave Apt 6		Amount of Each Receipt this Period 20.00
City Brooklyn	State NY	Zip Code 11225-1503
FEC ID number of contributing federal political committee. C		☐ Memo Item
Name of Employer (for Individual) Brookdale Hospital Medical Center		Occupation (for Individual) Stationary Engineer
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bishop, Crystal, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2024 Transaction ID : 6390040
Mailing Address 2861 Exterior St Apt 6K		Amount of Each Receipt this Period 40.00
City Bronx	State NY	Zip Code 10463-7140
FEC ID number of contributing federal political committee. C		☐ Memo Item
Name of Employer (for Individual) Services For The Underserved		Occupation (for Individual) Direct Support Professional
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bishop, Crystal, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2024 Transaction ID : 6390041
Mailing Address 2861 Exterior St Apt 6K		Amount of Each Receipt this Period 40.00
City Bronx	State NY	Zip Code 10463-7140
FEC ID number of contributing federal political committee. C		☐ Memo Item
Name of Employer (for Individual) Services For The Underserved		Occupation (for Individual) Direct Support Professional
Receipt For: ☐ Primary ☐ General ☐ Other (specify)		Aggregate Year-to-Date ▼ 240.00
SUBTOTAL of Receipts This Page (optional).....▶		100.00
TOTAL This Period (last page this line number only).....▶		

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Bishop, Jaleesa, , ,Mailing Address 2025 Seward Ave
Apt 7FCity
BronxState
NYZip Code
10473-2110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390042

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Blackman, Marion, , ,Mailing Address 50 W 139th St
Apt 4JCity
New YorkState
NYZip Code
10037-1536FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390043

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Boakye, Lydia, , ,Mailing Address 820 E 180th St
Apt 80City
BronxState
NYZip Code
10460-1335FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Riverdale Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390044

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Boakye, Lydia, , ,Mailing Address 820 E 180th St
Apt 80City
BronxState
NYZip Code
10460-1335FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Riverdale Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390045

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Boatemaa, Sandra, , ,Mailing Address 1049 E 230th St
NullCity
BronxState
NYZip Code
10466-4809FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore-Wakefield CampusOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390046

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Bobb-Semple-thompson, Shelton, , ,

Mailing Address 9021 Avenue L

City
BrooklynState
NYZip Code
11236-4722FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United Cerebral Palsy Association of NOccupation (for Individual)
Habilitation Counselor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390047

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

110.00

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Bonnick-Richards, Angela, , ,Mailing Address 21 Rural Ave
NullCity
WingdaleState
NYZip Code
12594-1459FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cedar Manor Nursing HomeOccupation (for Individual)
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : 6390048

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Bortoluzzi, Lawrence, , ,

Mailing Address 256 22nd St

City
BrooklynState
NYZip Code
11215-6504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Service Employees International UnionOccupation (for Individual)
Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390049

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Bozil, Lise, , ,Mailing Address 947 Montgomery St
Apt 5CCity
BrooklynState
NYZip Code
11213-5728FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BHRAGS Home CareOccupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390050

Amount of Each Receipt this Period

180.00

☐ Memo Item

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

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

260.00

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

FOR LINE NUMBER: PAGE 45 OF 323

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Bramble Kucera, Ryan, , ,Mailing Address 1045 Evergreen Ave
NullCity
BronxState
NYZip Code
10472-5507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Laboratory Helper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390052

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Bramble, Divine, , ,

Mailing Address 1045 Evergreen Ave

City
BronxState
NYZip Code
10472-5507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Laboratory Helper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390051

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Briggs, Russell, , ,Mailing Address 12026 178th St
NullCity
JamaicaState
NYZip Code
11434-2720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Nursing Auxillary

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390053

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 323
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Brito Rosario, Yeraldin, , ,Mailing Address 1225 Sherman Ave
Apt 6BCity
BronxState
NYZip Code
10456-3013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai WestOccupation (for Individual)
Housekeeping Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390054

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Britto, Emmanuel, , ,Mailing Address 569 Hempstead Gardens Dr
Null

City

West Hempstead

State
NYZip Code
11552-3329FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai WestOccupation (for Individual)
CT Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390055

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Brown, Carol, , ,Mailing Address 12023 234th St
Null

City

Cambria Heights

State
NYZip Code
11411-2317FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Silvercrest Extended Care FacilityOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390056

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 323
(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Brown, Doris, , ,Mailing Address 145 Lincoln Rd
Apt 4LCity
BrooklynState
NYZip Code
11225-4046FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390057

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Brown, Moses, , ,Mailing Address 1730 Garfield St
NullCity
BronxState
NYZip Code
10460-2661FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390059

Amount of Each Receipt this Period

41.23

☐ Memo Item

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

C. Brown, Moses, , ,Mailing Address 1730 Garfield St
NullCity
BronxState
NYZip Code
10460-2661FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390063

Amount of Each Receipt this Period

41.23

☐ Memo Item

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

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

122.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Brown, Moses, , ,

Mailing Address 1730 Garfield St

Null

City
BronxState
NYZip Code
10460-2661FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390060

Amount of Each Receipt this Period

41.23

☐ Memo Item

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

B. Brown, Moses, , ,

Mailing Address 1730 Garfield St

Null

City
BronxState
NYZip Code
10460-2661FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : 6390062

Amount of Each Receipt this Period

41.23

☐ Memo Item

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

C. Brown, Moses, , ,

Mailing Address 1730 Garfield St

Null

City
BronxState
NYZip Code
10460-2661FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390061

Amount of Each Receipt this Period

41.23

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

123.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Brown, Octavia, , ,Mailing Address 1932 2nd Ave
Apt 1ACity
New YorkState
NYZip Code
10029-6311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Barnabas HospitalOccupation (for Individual)
Registrar

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390064

Amount of Each Receipt this Period

46.15

☐ Memo Item

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

B. Brown, Zola, , ,

Mailing Address 83 Roslyn St

City
RochesterState
NYZip Code
14619-1824FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Benefit Fund-1199Occupation (for Individual)
Benefits Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390065

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Browne, Dave, , ,Mailing Address 379 Hancock St
Apt 8City
BrooklynState
NYZip Code
11216-2440FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sodexo-SUNY DownstateOccupation (for Individual)
Stock Worker And Receiver

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390067

Amount of Each Receipt this Period

43.10

☐ Memo Item

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

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

119.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Browne, Dave, , ,Mailing Address 379 Hancock St
Apt 8City
BrooklynState
NYZip Code
11216-2440FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sodexo-SUNY DownstateOccupation (for Individual)
Stock Worker And Receiver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390066

Amount of Each Receipt this Period

43.10

☐ Memo Item

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

B. Browne, Dave, , ,Mailing Address 379 Hancock St
Apt 8City
BrooklynState
NYZip Code
11216-2440FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sodexo-SUNY DownstateOccupation (for Individual)
Stock Worker And Receiver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390068

Amount of Each Receipt this Period

43.10

☐ Memo Item

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

C. Burgess, Donna, , ,Mailing Address 204 Astoria Blvd
Apt 2CCity
AstoriaState
NYZip Code
11102-4901FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rite AidOccupation (for Individual)
Service Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

239.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390069

Amount of Each Receipt this Period

41.49

☐ Memo Item

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

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

127.69

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

FOR LINE NUMBER: PAGE 51 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Burgess, Donna, , ,Mailing Address 204 Astoria Blvd
Apt 2CCity
AstoriaState
NYZip Code
11102-4901FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rite AidOccupation (for Individual)
Service Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390070

Amount of Each Receipt this Period

41.49

☐ Memo Item

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

B. Burgess, Donna, , ,Mailing Address 204 Astoria Blvd
Apt 2CCity
AstoriaState
NYZip Code
11102-4901FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rite AidOccupation (for Individual)
Service Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : 6390071

Amount of Each Receipt this Period

41.49

☐ Memo Item

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

C. Burgess, Donna, , ,Mailing Address 204 Astoria Blvd
Apt 2CCity
AstoriaState
NYZip Code
11102-4901FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rite AidOccupation (for Individual)
Service Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

239.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390072

Amount of Each Receipt this Period

41.49

☐ Memo Item

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

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

124.47

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

FOR LINE NUMBER: PAGE 52 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Burke, Brian, , ,Mailing Address 209 W 118th St
Apt 5DCity
New YorkState
NYZip Code
10026-1718FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Customer Services Liaison

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390073

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Burkes, Melba, , ,Mailing Address 591 Prospect Pl
Apt B1City
BrooklynState
NYZip Code
11238-4226FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Center For Nursing RehabOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : 6390074

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Burton, Alan, , ,Mailing Address 230 Bradhurst Ave
Apt 3BCity
New YorkState
NYZip Code
10039-1465FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390075

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

110.00

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

FOR LINE NUMBER: PAGE 53 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Burton, Tishana, , ,

Mailing Address 112 Park Ave

City
YonkersState
NYZip Code
10703-2904FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Care PavilionOccupation (for Individual)
Coordinator Milieu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390076

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Caban, Ada, , ,Mailing Address 1016 Huntington Ave
NullCity
BronxState
NYZip Code
10465-1944FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kings Harbor Multicare CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390077

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Cadet, Marie, , ,

Mailing Address 14727 225th St

City
Springfield GardensState
NYZip Code
11413-4102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Ave Ext CareOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390078

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

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

150.00

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

FOR LINE NUMBER: PAGE 54 OF 323

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Calvert, Emma, , ,Mailing Address 3600 Harlem Ave
NullCity
BaltimoreState
MDZip Code
21229-2052FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forest Haven Nursing and Rehab FacilitOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390079

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Calvert, Emma, , ,Mailing Address 3600 Harlem Ave
NullCity
BaltimoreState
MDZip Code
21229-2052FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forest Haven Nursing and Rehab FacilitOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390080

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Camejo, Xavier, , ,Mailing Address 630 W 173rd St
Apt 1CCity
New YorkState
NYZip Code
10032-1414FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai WestOccupation (for Individual)
Service Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390081

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

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

FOR LINE NUMBER: PAGE 55 OF 323

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Campbell, Gretha, , ,Mailing Address 720 E 221st St
Apt 3ECity
BronxState
NYZip Code
10467-4455FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390082

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Candelario Abinader, Wilber, , ,

Mailing Address 1564 Park Pl

City
BrooklynState
NYZip Code
11213-3110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Union Community Health CenterOccupation (for Individual)
Dental Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390083

Amount of Each Receipt this Period

69.20

☐ Memo Item

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

C. Cangro, Chris, , ,

Mailing Address 1302 Orchid Cir

City
BellportState
NYZip Code
11713-3013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Luxor Nursing and Rehabilitation at SaOccupation (for Individual)
Maintenance Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390084

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

134.20

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

FOR LINE NUMBER: PAGE 56 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Canty, Juanita, , ,Mailing Address 1500 Duke University Rd
Apt BCity
DurhamState
NCZip Code
27701-2924FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Park Ave Ext Care

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390085

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Cantzlaar, Phillipa, , ,

Mailing Address 1278 Brooklyn Ave

City

Brooklyn

State

NY

Zip Code

11203-5537

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Brooklyn Hospital Center

Occupation (for Individual)

Medical Office Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390086

Amount of Each Receipt this Period

46.15

☐ Memo Item

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

C. Cantzlaar, Phillipa, , ,

Mailing Address 1278 Brooklyn Ave

City

Brooklyn

State

NY

Zip Code

11203-5537

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Brooklyn Hospital Center

Occupation (for Individual)

Medical Office Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390087

Amount of Each Receipt this Period

46.15

☐ Memo Item

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

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

132.30

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

FOR LINE NUMBER: PAGE 57 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Carino, Denise, , ,Mailing Address 2483 Cambreleng Ave
Apt 2City
BronxState
NYZip Code
10458-6391FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yonkers Gardens Center for NursingOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390088

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Carson, Jorera, , ,Mailing Address 32 Touissant Ave
NullCity
YonkersState
NYZip Code
10710-5425FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yonkers Gardens Center for NursingOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390089

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Carter, Artelia, , ,Mailing Address 509 W 142nd St
Apt 4WCity
New YorkState
NYZip Code
10031-6746FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia UniversityOccupation (for Individual)
Food Service Employee

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390090

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

100.00

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

FOR LINE NUMBER: PAGE 58 OF 323

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Carter, Artelia, , ,Mailing Address 509 W 142nd St
Apt 4WCity
New YorkState
NYZip Code
10031-6746FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia UniversityOccupation (for Individual)
Food Service Employee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390091

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Casseus, Adly, , ,

Mailing Address 751 E 39th St

City
BrooklynState
NYZip Code
11210-2001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390092

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Castillo Faxas, Jelmy, , ,Mailing Address 950 Woodycrest Ave
Apt 17ACity
BronxState
NYZip Code
10452-5421FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Care Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390093

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 59 OF 323
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Castro, Cynthia, , ,Mailing Address 2526 Hering Ave
Apt 1City
BronxState
NYZip Code
10469-5302FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence Rest Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390094

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Cato, Zahara, , ,Mailing Address 588 Miller Ave
NullCity
BrooklynState
NYZip Code
11207-5510FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390095

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Caudill, Rebecca, , ,

Mailing Address 7607 Gambier Dr

City
Upper MarlboroState
MDZip Code
20772-4414FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Maryland Capital RegionOccupation (for Individual)
Clinical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390096

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

105.00

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

FOR LINE NUMBER: PAGE 60 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Caudill, Rebecca, , ,

Mailing Address 7607 Gambier Dr

City
Upper MarlboroState
MDZip Code
20772-4414FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Maryland Capital RegionOccupation (for Individual)
Clinical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : 6390097

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Cayaso, Jaime, , ,Mailing Address 115 Decatur St
1City
BrooklynState
NYZip Code
11216-2513FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)
Cook

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

876.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390098

Amount of Each Receipt this Period

159.44

☐ Memo Item

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

C. Cepeda, Jenniffer, , ,Mailing Address 300 Palisade Ave
Apt 3ICity
YonkersState
NYZip Code
10703-3106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St John's Riverside HospitalOccupation (for Individual)
Discharge Planning Facilitator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390100

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

219.44

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Chambers, Elvis, , ,

Mailing Address 154 Kimball Ave

City
YonkersState
NYZip Code
10704-4223FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore-Wakefield CampusOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390101

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Chapman Williamson, Delyse, , ,Mailing Address 169 Tiffany Ln
NullCity
WillingboroState
NJZip Code
08046-3845FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jamaica HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390102

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Charran, Atiya, , ,Mailing Address 22716 112th Rd
NullCity
Queens VillageState
NYZip Code
11429-2707FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Silvercrest Extended Care FacilityOccupation (for Individual)
Therapeutic Recreation Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390103

Amount of Each Receipt this Period

30.00

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

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Chaudhury, Samiha, , ,Mailing Address 2395 Madison Dr
NullCity
East MeadowState
NYZip Code
11554-2606FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai MorningsideOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390104

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Chavez, Cristel, , ,Mailing Address 141 Hoyt St
NullCity
KearnyState
NJZip Code
07032-3312FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forest Hill Healthcare CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390105

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Chen, Yong, , ,Mailing Address 5927 162nd St
NullCity
Fresh MeadowsState
NYZip Code
11365-1418FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Clinical Lab Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390106

Amount of Each Receipt this Period

18.00

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

98.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Chiasson, Elaina, , ,Mailing Address 912 E 226th St
Apt 1FCity
BronxState
NYZip Code
10466-4666FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore-Wakefield CampusOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390107

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Chiroque, Carlos, , ,

Mailing Address 2930 Brighton 1St St

City
BrooklynState
NYZip Code
11235-8007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Shoreview Nursing HomeOccupation (for Individual)
DIETARY AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390108

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

C. Chiu Qiu, Vicky, , ,Mailing Address 7313 162nd St
FI 2City
Fresh MeadowsState
NYZip Code
11366-1138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Child Center of NYOccupation (for Individual)
Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390109

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

125.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 64 OF 323
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Chiu Qiu, Vicky, , ,Mailing Address 7313 162nd St
FI 2City
Fresh MeadowsState
NYZip Code
11366-1138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Child Center of NYOccupation (for Individual)
Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390110

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Chiu Qiu, Vicky, , ,Mailing Address 7313 162nd St
FI 2City
Fresh MeadowsState
NYZip Code
11366-1138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Child Center of NYOccupation (for Individual)
Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390111

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Choi, Eunhye, , ,

Mailing Address 21 Roff Ave

City
Palisades ParkState
NJZip Code
07650-1428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390112

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Christian, Terry, , ,Mailing Address 522 Ocean Ave
Apt 6ECity
BrooklynState
NYZip Code
11226-3740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390113

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Christopher, Roxanne, , ,Mailing Address 403 Hancock St
NullCity
BrooklynState
NYZip Code
11216-2414FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NY Presbyterian-Brooklyn Methodist HosOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390114

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Chyrack, Elda, , ,Mailing Address 2214 Central Park Ave
Apt 4City
YonkersState
NYZip Code
10710-1851FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BronxCare Health SystemOccupation (for Individual)
UltraSound Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390116

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

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

105.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Chyrack, Elda, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2024 Transaction ID : 6390117	
Mailing Address 2214 Central Park Ave Apt 4		Amount of Each Receipt this Period 45.00	
City Yonkers	State NY	Zip Code 10710-1851	☐ Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) BronxCare Health System		Occupation (for Individual) UltraSound Technician	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Chyrack, Elda, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2024 Transaction ID : 6390115	
Mailing Address 2214 Central Park Ave Apt 4		Amount of Each Receipt this Period 45.00	
City Yonkers	State NY	Zip Code 10710-1851	☐ Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) BronxCare Health System		Occupation (for Individual) UltraSound Technician	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cisneros Alvare, Glenda, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2024 Transaction ID : 6390118	
Mailing Address 9608 57th Ave Apt 7L		Amount of Each Receipt this Period 10.00	
City Corona	State NY	Zip Code 11368-3404	☐ Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Unlimited Care, Inc.		Occupation (for Individual) Home Health Aide	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)		Aggregate Year-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional).....▶		100.00	
TOTAL This Period (last page this line number only).....▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Clark, Alexander, , ,

Mailing Address 181 Ridge Rd

City
Valley CottageState
NYZip Code
10989-2353FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390119

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Clark, Louise, , ,Mailing Address 111 Dell Ave
Apt 1City
Mount VernonState
NYZip Code
10550-1687FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Methadone Counselor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390121

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Clark, Louise, , ,Mailing Address 111 Dell Ave
Apt 1City
Mount VernonState
NYZip Code
10550-1687FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Methadone Counselor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2024

Transaction ID : 6390120

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

100.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Clarke, Shannon, , ,Mailing Address 650 Malcolm X Blvd
NullCity
New YorkState
NYZip Code
10037-1033FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Family Health Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390122

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Clarke-Fraser, Denise, , ,Mailing Address 79 Deepwood Dr
NullCity
WaterburyState
CTZip Code
06708-2906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Nursing Attendant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390123

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Cloutier, Thomas, , ,Mailing Address 2462 Valentine Ave
Apt 42City
BronxState
NYZip Code
10458-5369FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Barnabas HospitalOccupation (for Individual)
Lab Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

297.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390124

Amount of Each Receipt this Period

57.70

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

107.70

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Cobbler Ward, Josette, , ,Mailing Address 1196 Eastern Pkwy
Apt 14BCity
BrooklynState
NYZip Code
11213-6157FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Meadow Park Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : 6390126

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Cobbler Ward, Josette, , ,Mailing Address 1196 Eastern Pkwy
Apt 14BCity
BrooklynState
NYZip Code
11213-6157FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Meadow Park Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390125

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Cocco, Genesis, , ,Mailing Address 1922 Crotona Pkwy
Apt 4CCity
BronxState
NYZip Code
10460-1525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Perioperative Patient Care Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390127

Amount of Each Receipt this Period

40.00

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

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Coimin, Francoise, , ,Mailing Address 2130 Baylis Ave
NullCity
ElmontState
NYZip Code
11003-2937FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Excel at Woodbury for Rehab and NursinOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390128

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Coimin, Francoise, , ,Mailing Address 2130 Baylis Ave
NullCity
ElmontState
NYZip Code
11003-2937FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Excel at Woodbury for Rehab and NursinOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390129

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Cole, Brenda, , ,Mailing Address 3511 Windom Rd
Apt 9City
BrentwoodState
MDZip Code
20722-1046FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The HSC Pediatric CenterOccupation (for Individual)
Housekeeping Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390130

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

100.00

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

FOR LINE NUMBER: PAGE 71 OF 323

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Cole, Brenda, , ,Mailing Address 3511 Windom Rd
Apt 9City
BrentwoodState
MDZip Code
20722-1046FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The HSC Pediatric CenterOccupation (for Individual)
Housekeeping Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390131

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Collins, Barbara, , ,Mailing Address 800 Bronx River Rd
Apt A53City
BronxvilleState
NYZip Code
10708-7075FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore-Wakefield CampusOccupation (for Individual)
Telephone Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390132

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Collins, Gail, , ,Mailing Address 120 Hudson Ave
Apt 1B1City
PoughkeepsieState
NYZip Code
12601-2137FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MidHudson Regional HospitalOccupation (for Individual)
Unit Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390133

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

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

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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Collins, Gail, , ,Mailing Address 120 Hudson Ave
Apt 1B1City
PoughkeepsieState
NYZip Code
12601-2137FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MidHudson Regional HospitalOccupation (for Individual)
Unit Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390134

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Conde, Martha, , ,Mailing Address 200 Atlantic Ave
NullCity
LynbrookState
NYZip Code
11563-3505FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Ave Ext CareOccupation (for Individual)
Laundry Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390135

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Contreras, Desery, , ,Mailing Address 230 Clinton St
Apt 12HCity
New YorkState
NYZip Code
10002-7523FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Phlebotomist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390136

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 323
(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Cordeau, Caleb, , ,

Mailing Address 240 GRAND Ave

City
BaldwinState
NYZip Code
11510FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Ave Ext CareOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390137

Amount of Each Receipt this Period

72.00

☐ Memo Item

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

B. Cordner, Shakirat, , ,Mailing Address 530 Snediker Ave
FI 2City
BrooklynState
NYZip Code
11207-6124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sea Crest Health Care CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390138

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

C. Cornette, Whitney, , ,Mailing Address 134 Beach 61St St
FICity
ArverneState
NYZip Code
11692-1854FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai WestOccupation (for Individual)
Offsite Senior Medical Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390139

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

157.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 74 OF 323
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Cortes Jr, Esteban, , ,Mailing Address 100 Alcott Pl
Apt 27JCity
BronxState
NYZip Code
10475-4140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390140

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Crawford, Ian, , ,Mailing Address 215 S 9th Ave
AVENUEAPT10

City

Mount Vernon

State
NYZip Code
10550-3749FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Marcus Garvey Residential RehabOccupation (for Individual)
Housekeeping Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : 6390141

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Cristian, Omar Antonio, , ,Mailing Address 3657 Broadway
Apt 9H

City

New York

State
NYZip Code
10031-2522FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Chinese American Planning CouncilOccupation (for Individual)
Home Health Aid

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : 6390142

Amount of Each Receipt this Period

34.00

☐ Memo Item

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

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

104.00

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

FOR LINE NUMBER: PAGE 75 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Cross, Ann Marie, , ,Mailing Address 360 Nuber Ave
Null

City

Mount Vernon

State

NY

Zip Code

10553-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Park Care Pavilion

Occupation (for Individual)

Counselor

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390143

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Crum, Egypt, , ,Mailing Address 1560 Longfellow Ave
Null

City

Bronx

State

NY

Zip Code

10460-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kings Harbor Multicare Center

Occupation (for Individual)

Dietary Aide

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390144

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Cruz Hernandez, Suan, , ,Mailing Address 82 Palisade Ave
Null

City

Jersey City

State

NJ

Zip Code

07306-1107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

Cardiovascular Technologist

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390146

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

100.00

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

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

FOR LINE NUMBER: PAGE 76 OF 323

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Cruz, Angel, , ,Mailing Address 5 Commercial St
2RCity
BrooklynState
NYZip Code
11222-1005FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)
Medical Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390145

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Cuevas, Joyce, , ,Mailing Address 143 Ward St
Apt A3City
MontgomeryState
NYZip Code
12549-1112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390147

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Cuison, Nona, , ,Mailing Address 19 E Maujer St
NullCity
Valley StreamState
NYZip Code
11580-4321FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Flushing Hospital Medical CenterOccupation (for Individual)
Nursing Attendant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390148

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 323
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Cuison, Nona, , ,Mailing Address 19 E Maujer St
NullCity
Valley StreamState
NYZip Code
11580-4321FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Flushing Hospital Medical CenterOccupation (for Individual)
Nursing Attendant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390149

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Currie, Tuqawn, , ,Mailing Address 14837 88th Ave
Apt 1FCity
JamaicaState
NYZip Code
11435-3577FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Support Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390150

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Daley, Charmaine, , ,Mailing Address 954 E 226th St
NullCity
BronxState
NYZip Code
10466-4618FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence Rest Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390151

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 323
(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Daley, Kameka, , ,

Mailing Address 3178 Fish Ave

Null

City
BronxState
NYZip Code
10469-3005FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Nursing Attendant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390152

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Daley, Patricia, , ,

Mailing Address 11591 226th St

City

Cambria Heights

State
NYZip Code
11411-1426FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390153

Amount of Each Receipt this Period

86.00

☐ Memo Item

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

C. Daley, Patricia, , ,

Mailing Address 11591 226th St

City

Cambria Heights

State
NYZip Code
11411-1426FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

516.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390154

Amount of Each Receipt this Period

86.00

☐ Memo Item

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

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

212.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 79 OF 323
(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. David, Marie, , ,Mailing Address 2117 Foster Ave
NullCity
BrooklynState
NYZip Code
11210-1059FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
King David Center for Nursing & RehabOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390155

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Dayan, Maan Darisse, , ,Mailing Address 3045 37th St
NullCity
Long Island CityState
NYZip Code
11103-3808FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore-Wakefield CampusOccupation (for Individual)
Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390156

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. De Jesus, William, , ,

Mailing Address 224 E28th St

City
New YorkState
NYZip Code
10016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York University HospitalOccupation (for Individual)
Home Health Aid

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390157

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 80 OF 323
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. De Palo, Maurice, , ,Mailing Address 2116 Tomlinson Ave
NullCity
BronxState
NYZip Code
10461-1202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390158

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Dejesus, Juana, , ,Mailing Address 1035 Woodcrest Ave
2-ECity
BronxState
NYZip Code
10452-5243FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390159

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Del Castillo, Enrico, , ,Mailing Address 4115 23rd St
Apt 10DCity
Long Island CityState
NYZip Code
11101-4848FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence Rest Nursing HomeOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390160

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

100.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Demessa, Andrea, , ,

Mailing Address 112 Reade St

City
EnglewoodState
NJZip Code
07631-3241FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Registered Respiratory Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390161

Amount of Each Receipt this Period

32.50

☐ Memo Item

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

B. Demessa, Andrea, , ,

Mailing Address 112 Reade St

City
EnglewoodState
NJZip Code
07631-3241FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Registered Respiratory Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390162

Amount of Each Receipt this Period

32.50

☐ Memo Item

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

C. Depalma, Henrico, , ,

Mailing Address 76 Fern Rd

Null

City
PalisadesState
NYZip Code
10964-1500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390163

Amount of Each Receipt this Period

20.00

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

85.00

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

FOR LINE NUMBER: PAGE 82 OF 323

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Depasquale, Jessica, , ,Mailing Address 2251 Knapp St
Apt 6HCity
BrooklynState
NYZip Code
11229-5722FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Flushing Hospital Medical CenterOccupation (for Individual)
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390164

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Despinosse, Gerard, , ,Mailing Address 3410 De Reimer Ave
NullCity
BronxState
NYZip Code
10475-1536FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Isabella Geriatric CenterOccupation (for Individual)
Gen Mechanic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390165

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Desruisseaux, Johane, , ,Mailing Address 19304 Horace Harding Expy
Apt 1ACity
Fresh MeadowsState
NYZip Code
11365-2820FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Hospital of Queens (RN)Occupation (for Individual)
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390166

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 83 OF 323
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Deus, Augustin, , ,

Mailing Address 21 Hope Ct

City
SeldenState
NYZip Code
11784-1272FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390167

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Diallo, Diariou, , ,Mailing Address 556 Bergen Ave
Apt 219City
BronxState
NYZip Code
10455-1642FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Easthaven Nursing HRFOccupation (for Individual)
Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390169

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Diallo, Diariou, , ,Mailing Address 556 Bergen Ave
Apt 219City
BronxState
NYZip Code
10455-1642FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Easthaven Nursing HRFOccupation (for Individual)
Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390168

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

100.00

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

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Diaz Marte, Andrea, , ,Mailing Address 575 W 159th St
Apt 31City
New YorkState
NYZip Code
10032-6802FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Administrative Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390179

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Diaz Perez, Anny, , ,Mailing Address 2600 Netherland Ave
Apt 416City
BronxState
NYZip Code
10463-0861FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia UniversityOccupation (for Individual)
Research Employee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390180

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Diaz, Jaryn, , ,Mailing Address 8 Central Dr
NullCity
Stony PointState
NYZip Code
10980-2350FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York University HospitalOccupation (for Individual)
IT Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390170

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

80.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Diaz, Jasmine, , ,Mailing Address 1015 Anderson Ave
Apt 3BCity
BronxState
NYZip Code
10452-5364FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Barnabas HospitalOccupation (for Individual)
Phelbotomist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390171

Amount of Each Receipt this Period

92.30

☐ Memo Item

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

B. Diaz, Jonavelle, , ,

Mailing Address 9101 86th Dr

City
WoodhavenState
NYZip Code
11421-1425FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rite AidOccupation (for Individual)
Lead Service Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.62

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390172

Amount of Each Receipt this Period

41.58

☐ Memo Item

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

C. Diaz, Jonavelle, , ,

Mailing Address 9101 86th Dr

City
WoodhavenState
NYZip Code
11421-1425FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rite AidOccupation (for Individual)
Lead Service Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.62

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390173

Amount of Each Receipt this Period

41.58

☐ Memo Item

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

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

175.46

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Diaz, Jonavelle, , ,

Mailing Address 9101 86th Dr

City
WoodhavenState
NYZip Code
11421-1425FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rite AidOccupation (for Individual)
Lead Service Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.62

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : 6390174

Amount of Each Receipt this Period

41.58

☐ Memo Item

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

B. Diaz, Jonavelle, , ,

Mailing Address 9101 86th Dr

City
WoodhavenState
NYZip Code
11421-1425FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rite AidOccupation (for Individual)
Lead Service Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.62

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390175

Amount of Each Receipt this Period

41.58

☐ Memo Item

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

C. Diaz, Martha, , ,Mailing Address 220 B Stephens Ave
FI 1City
BronxState
NYZip Code
10473-2424FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

239.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390176

Amount of Each Receipt this Period

43.00

☐ Memo Item

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

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

126.16

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 87 OF 323
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Diaz, Martha, , ,Mailing Address 220 B Stephens Ave
Fl 1City
BronxState
NYZip Code
10473-2424FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390177

Amount of Each Receipt this Period

43.00

☐ Memo Item

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

B. Diaz, Martha, , ,Mailing Address 220 B Stephens Ave
Fl 1City
BronxState
NYZip Code
10473-2424FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390178

Amount of Each Receipt this Period

43.00

☐ Memo Item

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

C. Dickson, Alex, , ,Mailing Address 315 Northern Blvd
Apt 323City
AlbanyState
NYZip Code
12210-2631FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hudson Park Rehab and Nursing CenterOccupation (for Individual)
Orderly

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

212.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390181

Amount of Each Receipt this Period

23.10

☐ Memo Item

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

109.10

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

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

FOR LINE NUMBER: PAGE 88 OF 323

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Diombera, Cisse, , ,

Mailing Address 46 Warrington Round

City
DanburyState
CTZip Code
06810-5169FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore-Wakefield CampusOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390182

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Dixon, Aretha, , ,Mailing Address 3363 Corsa Ave
NullCity
BronxState
NYZip Code
10469-2810FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence Rest Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390183

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Dobson, Terence, , ,Mailing Address 828 E149th St
811City
BronxState
NYZip Code
10455FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Housekeeping Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390184

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Dockery, Evelyn, , ,

Mailing Address 135 Milestone Dr

City
Haines CityState
FLZip Code
33844-9661FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390185

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Doctor, Shykima, , ,Mailing Address 1348 Webster Ave
Apt 10ACity
BronxState
NYZip Code
10456-1834FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Messenger

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390186

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Dominguez, Erwin, , ,Mailing Address 65 W 55th St
Apt 6GCity
New YorkState
NYZip Code
10019-4917FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Accounts Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390187

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

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

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Doria, Nathan, , ,

Mailing Address 398 Main St

Null

City

Islip

State

NY

Zip Code

11751-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

South Oaks Hospital

Occupation (for Individual)

Licensed Master Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390188

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Dorsainville, Marie, , ,

Mailing Address 1896 E 51st St

1FLR

City

Brooklyn

State

NY

Zip Code

11234-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Personal Touch Home Care of NY

Occupation (for Individual)

Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390189

Amount of Each Receipt this Period

96.00

☐ Memo Item

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

C. Dorsainville, Marie, , ,

Mailing Address 1896 E 51st St

1FLR

City

Brooklyn

State

NY

Zip Code

11234-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Personal Touch Home Care of NY

Occupation (for Individual)

Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

556.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390190

Amount of Each Receipt this Period

96.00

☐ Memo Item

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

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

212.00

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

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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Dotson, Laniesha, , ,Mailing Address 33 Braemar Dr
Apt 13City
LiverpoolState
NYZip Code
13090-4093FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Crouse HospitalOccupation (for Individual)
Inpatient Admitting Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390191

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Dowling, Lisa, , ,

Mailing Address 26 Center St

City

Pearl River

State
NYZip Code
10965-2101FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390192

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Ducatel, Alma, , ,

Mailing Address 1660 Salem Rd

City

Valley Stream

State
NYZip Code
11580-1119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Highfield GardensOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

322.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390193

Amount of Each Receipt this Period

20.25

☐ Memo Item

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

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

100.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Duhaney, Oliver, , ,Mailing Address 589 Pine St
NullCity
BrooklynState
NYZip Code
11208-3929FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390194

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Duhaney, Oliver, , ,Mailing Address 589 Pine St
NullCity
BrooklynState
NYZip Code
11208-3929FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390195

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Dumesle Charles, Marie, , ,

Mailing Address 145 -37 232 St

City
QueensState
NYZip Code
11413FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)
Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390196

Amount of Each Receipt this Period

50.00

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

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 93 OF 323
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Dumorney, Rolande, , ,Mailing Address 1401 Langdon Blvd
NullCity
Rockville CentreState
NYZip Code
11570-3517FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Ave Ext CareOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390197

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

B. Dundas, Brandon, , ,Mailing Address 815 E 57th St
NullCity
BrooklynState
NYZip Code
11234-1907FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390198

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Dunigan, Janay, , ,Mailing Address 26 Metropolitan Oval
Apt 7CCity
BronxState
NYZip Code
10462-6751FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Business Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390199

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Durandisse, Marie, , ,

Mailing Address 158 -08 137 Ave

City
JamaicaState
NYZip Code
11434FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)
Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390200

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Duval, Christie, , ,Mailing Address 14 Rockville Ave
NullCity
Rockville CentreState
NYZip Code
11570-5535FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390201

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Duval, Christie, , ,Mailing Address 14 Rockville Ave
NullCity
Rockville CentreState
NYZip Code
11570-5535FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390202

Amount of Each Receipt this Period

40.00

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

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Duval, Lorna, , ,Mailing Address 2576 Bouck Ave
NullCity
BronxState
NYZip Code
10469-5605FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Workmens CircleOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : 6390203

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Edie, Olive, , ,

Mailing Address 613 Bainbridge St

City
BrooklynState
NYZip Code
11233-2003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390204

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Edmund, Rhonda, , ,Mailing Address 68 Howard Ave
Apt 1City
BrooklynState
NYZip Code
11221-4012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Clinical Lab Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390205

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

80.00

SCHEDULE A (FEC Form 3X)
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for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Edouard, Marie, , ,

Mailing Address 104 Heritage Rd

City
GuilderlandState
NYZip Code
12084-9601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390206

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Edwards, Akeem, , ,Mailing Address 11110 95th Ave
Apt 2F

City

South Richmond Hill

State
NYZip Code
11419-1102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hillside ManorOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390207

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Edwards, Shannon, , ,Mailing Address 20934 Nashville Blvd
Null

City

Cambria Heights

State
NYZip Code
11411-1041FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Clinical Lab Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390208

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

100.00

SCHEDULE A (FEC Form 3X)
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☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Ellis, Angela, , ,

Mailing Address 143 -17 180 St

City
JamaicaState
NYZip Code
11434FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390209

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Ellis, Jennifer, , ,Mailing Address 564 Park Ave
Apt 5DCity
BrooklynState
NYZip Code
11206-7505FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390210

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Ellis, Jennifer, , ,Mailing Address 564 Park Ave
Apt 5DCity
BrooklynState
NYZip Code
11206-7505FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390211

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

100.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Ellis, Maria, , ,Mailing Address 1123 E 58th St
NullCity
BrooklynState
NYZip Code
11234-2554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Business Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390212

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Emanuel, Jovan, , ,

Mailing Address 37 Eddy Rd

City
RooseveltState
NYZip Code
11575-1825FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Ave Ext CareOccupation (for Individual)
Maintenance Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390213

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

C. Emmanuel, Altagrac, , ,Mailing Address 12133 237th St
NullCity
RosedaleState
NYZip Code
11422-1038FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Four Seasons Health CareOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : 6390215

Amount of Each Receipt this Period

30.00

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

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Emmanuel, Altagrac, , ,Mailing Address 12133 237th St
NullCity
RosedaleState
NYZip Code
11422-1038FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Four Seasons Health CareOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390214

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. English, Sue-Ann, , ,Mailing Address 37 Manhattan Ave
NullCity
White PlainsState
NYZip Code
10607-1330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yonkers Gardens Center for NursingOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390216

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Erazo, Myriam, , ,Mailing Address 620 Baychester Ave
Apt 24ACity
BronxState
NYZip Code
10475-4403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Phlebotomist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390217

Amount of Each Receipt this Period

20.00

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

90.00

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

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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Ermilus Vilma, Rolanda, , ,Mailing Address 229 E 18th St
Apt D4City
BrooklynState
NYZip Code
11226-4705FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NY Presbyterian-Brooklyn Methodist HosOccupation (for Individual)
Nurse Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390218

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Espinosa, Julia, , ,Mailing Address 237 W 127th St
Apt 4CCity
New YorkState
NYZip Code
10027-2959FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NY Presbyterian-Brooklyn Methodist HosOccupation (for Individual)
Medical Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390220

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Espinoza, Milton, , ,Mailing Address 6155 98th St
Apt 6ECity
Rego ParkState
NYZip Code
11374-1436FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390221

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Estades, Berenice, , ,Mailing Address 783 E 168th St
Apt 4ACity
BronxState
NYZip Code
10456-3867FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore New Rochelle HospitalOccupation (for Individual)
Nursing Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390222

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Eubanks, Krystal, , ,Mailing Address 2010 Adam Clayton Powell Jr Blvd
Null

City

New York

State
NYZip Code
10027-6205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York University HospitalOccupation (for Individual)
Pharmacy Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390223

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Evans, Donnett, , ,Mailing Address 145 37 232 St
Apt 2G

City

Rosedale

State
NYZip Code
11413FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Hospital of QueensOccupation (for Individual)
Nurse Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390225

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

110.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Evans, Donnett, , ,Mailing Address 145 37 232 St
Apt 2GCity
RosedaleState
NYZip Code
11413FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Hospital of QueensOccupation (for Individual)
Nurse Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390224

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Evans, Jessica, , ,Mailing Address 1003 W Dominick St
Apt 1City
RomeState
NYZip Code
13440-2925FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colonial ParkOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390227

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

C. Evans, Jessica, , ,Mailing Address 1003 W Dominick St
Apt 1City
RomeState
NYZip Code
13440-2925FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colonial ParkOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390226

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

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

210.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Evans, Jessica, , ,Mailing Address 1003 W Dominick St
Apt 1City
RomeState
NYZip Code
13440-2925FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colonial ParkOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390228

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

B. Evans, Jessica, , ,Mailing Address 1003 W Dominick St
Apt 1City
RomeState
NYZip Code
13440-2925FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colonial ParkOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390229

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

C. Fajardo, Fernando, , ,Mailing Address 3250 93rd St
Apt A4City
East ElmhurstState
NYZip Code
11369-2424FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390230

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

220.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Fajardo, Fernando, , ,Mailing Address 3250 93rd St
Apt A4City
East ElmhurstState
NYZip Code
11369-2424FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390231

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Fanfan, Onite, , ,Mailing Address 2025 Elk Dr
Null

City

Far Rockaway

State
NYZip Code
11691-3613FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390232

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Fanfan, Onite, , ,Mailing Address 2025 Elk Dr
Null

City

Far Rockaway

State
NYZip Code
11691-3613FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390233

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Fanfan, Onite, , ,Mailing Address 2025 Elk Dr
Null

City

Far Rockaway

State

NY

Zip Code

11691-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

New York Presbyterian-Queens

Occupation (for Individual)

Nursing Aide

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390234

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Felix, Jean, , ,Mailing Address 514 Williams Ave
Apt 4D

City

Brooklyn

State

NY

Zip Code

11207-5115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390235

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Felix, Lloyd, , ,

Mailing Address 15555 116th Ave

City

Jamaica

State

NY

Zip Code

11434-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390236

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Fera, Dominic, , ,

Mailing Address 10170 Eden Rd

City
North CollinsState
NYZip Code
14111-9710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Absolut Ctr. for Nursing & Rehab @ EdeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390237

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

B. Ferguson, Ashley, , ,Mailing Address 955 Evergreen Ave
Apt 707City
BronxState
NYZip Code
10473-4522FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Senior Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390238

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Fernandez, Marjorie, , ,Mailing Address 3960 54th St
Apt 4ACity
WoodsideState
NYZip Code
11377-4209FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Hospital of QueensOccupation (for Individual)
Phlebotomist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390239

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Fetuga, Pele, , ,

Mailing Address 461 Beach 44Th St

Null

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

207.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390240

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Fetuga, Pele, , ,

Mailing Address 461 Beach 44Th St

Null

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

207.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390241

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Fetuga, Pele, , ,

Mailing Address 461 Beach 44Th St

Null

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

207.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390244

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Fetuga, Pele, , ,

Mailing Address 461 Beach 44Th St

Null

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

207.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : 6390243

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Fetuga, Pele, , ,

Mailing Address 461 Beach 44Th St

Null

City

Far Rockaway

State

NY

Zip Code

11691-1223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

207.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390242

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Fields, Marsha, , ,

Mailing Address 700 Euclid Ave

Apt 6F

City

Brooklyn

State

NY

Zip Code

11208-4525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Stella Orton Home Care Agency

Occupation (for Individual)

Home Health Aide

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390245

Amount of Each Receipt this Period

40.00

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

100.00

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

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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Figueroa, Nicholas, , ,Mailing Address 3743 59th St
NullCity
WoodsideState
NYZip Code
11377-2560FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Hospital of QueensOccupation (for Individual)
Unit Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390246

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Fingold, Rose, , ,Mailing Address 399 Ocean Ave
NullCity
Jersey CityState
NJZip Code
07305-3000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Callen-Lorde Community Health CenterOccupation (for Individual)
Facilities Maintenance Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390247

Amount of Each Receipt this Period

18.46

☐ Memo Item

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

C. Fleary, Petrina, , ,Mailing Address 1233 Saint Johns Pl
Apt 1CCity
BrooklynState
NYZip Code
11213-2731FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390248

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

78.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Fletcher, Christina, , ,

Mailing Address 182 -08 145 Rd

City
Springfield GardensState
NYZip Code
11413FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Ave Ext CareOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390249

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

B. Folkes, Kirk, , ,

Mailing Address 147 -40 223 St

City
Springfield GardensState
NYZip Code
11413FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Ave Ext CareOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390250

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

C. Forde, Anna, , ,Mailing Address 753 E 239th St
Apt 1City
BronxState
NYZip Code
10466-1233FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kings Harbor Multicare CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390252

Amount of Each Receipt this Period

40.00

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

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Forde, Anna, , ,Mailing Address 753 E 239th St
Apt 1City
BronxState
NYZip Code
10466-1233FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kings Harbor Multicare CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390251

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Forkpah, Christiana, , ,Mailing Address 100 Stuyvesant Pl
Apt Y2

City

Staten Island

State
NYZip Code
10301-1926FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390253

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Fortuna, Christian, , ,Mailing Address 2515 University Ave
Apt 5D

City

Bronx

State
NYZip Code
10468-4008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Certified Ophthalmic Techn

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390254

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Foster, Jermaine, , ,

Mailing Address 210 -04 115 Ave

City
Cambria HeightsState
NYZip Code
11411FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Plumber

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390255

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Francois, Gordine, , ,Mailing Address 335 E 19th St
Apt 2CCity
BrooklynState
NYZip Code
11226-5807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Community Healthcare NetworkOccupation (for Individual)
Care Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390256

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Francois, Julienna, , ,Mailing Address 11816 Springfield Blvd
NullCity
Cambria HeightsState
NYZip Code
11411-1922FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Services For The UnderservedOccupation (for Individual)
Direct Support Professional

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390257

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

110.00

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

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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Francois, Julienna, , ,Mailing Address 11816 Springfield Blvd
NullCity
Cambria HeightsState
NYZip Code
11411-1922FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Services For The UnderservedOccupation (for Individual)
Direct Support Professional

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390258

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Franklin, Tanisha, , ,Mailing Address 1146 E 224th St
1ACity
BronxState
NYZip Code
10466-5835FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kings Harbor Multicare CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390259

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Galvin, Seamus, , ,

Mailing Address 54 Hyatt Ave

City
YonkersState
NYZip Code
10704-4311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore-Wakefield CampusOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390260

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Gaona-Tenesaca, Anita, , ,

Mailing Address 54 Webster Ave

City
Staten IslandState
NYZip Code
10301-2838FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390261

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Garcia Sims, G'Nay, , ,Mailing Address 1598 Unionport Rd
Apt 3ECity
BronxState
NYZip Code
10462-6061FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Psychiatric Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390266

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Garcia, Carlos, , ,Mailing Address 525 Bronxville Rd
Apt 5ACity
BronxvilleState
NYZip Code
10708-1100FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BronxCare Health SystemOccupation (for Individual)
Physician Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : 6390262

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

160.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Garcia, Carmen, , ,Mailing Address 163 E 106th St
Apt 1BCity
New YorkState
NYZip Code
10029-4656FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390263

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Garcia, Keidy, , ,Mailing Address 290 W 232nd St
Apt 3DCity
BronxState
NYZip Code
10463-3948FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390264

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Garcia, Roberto, , ,Mailing Address 1125 Vincent Ave
Apt 1City
BronxState
NYZip Code
10465-1454FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BronxCare Health SystemOccupation (for Individual)
Storeroom Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : 6390265

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Garcia-Garcia, Katheline, , ,Mailing Address 480 E 188th St
STREET--10CCity
BronxState
NYZip Code
10458-5815FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Laboratory Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390267

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Garrison, Darryl, , ,Mailing Address 17 Hudson View Dr
PhCity
YonkersState
NYZip Code
10701-1910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Benefit Fund-1199Occupation (for Individual)
Chief Of Eligibility

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390268

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Gay, Naw Paw, , ,

Mailing Address 2351 35th St

City
AstoriaState
NYZip Code
11105-2208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAGNY - Correctional Health Svcs.Occupation (for Individual)
Nurse Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390269

Amount of Each Receipt this Period

38.00

☐ Memo Item

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

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

78.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. George, Denise, , ,Mailing Address 1760 Union St
Apt B3City
BrooklynState
NYZip Code
11213-5086FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Schervier Nursing Care CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : 6390270

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

B. George, Mini, , ,

Mailing Address 543 Plympton St

City

New Milford

State

NJ

Zip Code

07646-2012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390271

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Gesse-Chounoune, Fernande, , ,

Mailing Address 770 Washington St

Null

City

Baldwin

State

NY

Zip Code

11510-4547

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390272

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 118 OF 323
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Ghobrial, Mina, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2024 Transaction ID : 6390273	
Mailing Address 61 -27 69 PI			Amount of Each Receipt this Period 250.00	
City Middle Village	State NY	Zip Code 11379	☐ Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) PAGNY - Correctional Health		Occupation (for Individual) Pharmacist		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 1375.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gibson-Smikle, Charmain, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2024 Transaction ID : 6390274	
Mailing Address 1336 Davies Rd			Amount of Each Receipt this Period 35.00	
City Far Rockaway	State NY	Zip Code 11691-5107	☐ Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) Brookhaven Rehab and Health Care Centre		Occupation (for Individual) Certified Nursing Assistant		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 265.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gino, Mini, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2024 Transaction ID : 6390275	
Mailing Address 4344 Kissena Blvd Apt 14F			Amount of Each Receipt this Period 40.00	
City Flushing	State NY	Zip Code 11355-3706	☐ Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) New York Presbyterian-Queens		Occupation (for Individual) Nursing Aide		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)		Aggregate Year-to-Date ▼ 240.00		
SUBTOTAL of Receipts This Page (optional).....▶			325.00	
TOTAL This Period (last page this line number only).....▶				

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Gino, Mini, , ,Mailing Address 4344 Kissena Blvd
Apt 14FCity
FlushingState
NYZip Code
11355-3706FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390276

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Gocan, Beverly, , ,

Mailing Address 3957 Perry Pass

City
LithoniaState
GAZip Code
30038-7730FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390277

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Goldsmith Jr, Mark, , ,

Mailing Address 115 Dunlop Ave

City
BuffaloState
NYZip Code
14215-1509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaleida HealthOccupation (for Individual)
Environmental Service Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

736.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390278

Amount of Each Receipt this Period

184.00

☐ Memo Item

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

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

264.00

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

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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Goldsmith Jr, Mark, , ,

Mailing Address 115 Dunlop Ave

City
BuffaloState
NYZip Code
14215-1509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaleida HealthOccupation (for Individual)
Environmental Service Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390279

Amount of Each Receipt this Period

184.00

☐ Memo Item

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

B. Gordon, Elaine, , ,Mailing Address 38 N Clover St
Apt 2

City

Poughkeepsie

State
NYZip Code
12601-2205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MidHudson Regional HospitalOccupation (for Individual)
Environmental Service Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390280

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Gordon, Elaine, , ,Mailing Address 38 N Clover St
Apt 2

City

Poughkeepsie

State
NYZip Code
12601-2205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MidHudson Regional HospitalOccupation (for Individual)
Environmental Service Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390281

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

264.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Gordon, Neil, , ,Mailing Address 1046 E 52nd St
NullCity
BrooklynState
NYZip Code
11234-1617FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Shoreview Nursing HomeOccupation (for Individual)
Housekeeper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390282

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Goudet, Marie, , ,Mailing Address 9008 189th St
FI 1City
HollisState
NYZip Code
11423-2542FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390283

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Graham, John, , ,Mailing Address 3204 Wickham Ave
NullCity
BronxState
NYZip Code
10469-3123FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Lab Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390284

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Granofsky, Salisha, , ,

Mailing Address 28 -14 158 St

City
FlushingState
NYZip Code
11358FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390285

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Grant, Cyprian, , ,

Mailing Address 2200 Shinnwyck Ct

City
RaleighState
NCZip Code
27604-6507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390286

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Gratia, Marie-Neslie, , ,

Mailing Address 536 Bieling Rd

Null

City
ElmontState
NYZip Code
11003-2809FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390287

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

100.00

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

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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Gratia, Marie-Neslie, , ,Mailing Address 536 Bieling Rd
NullCity
ElmontState
NYZip Code
11003-2809FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390288

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Greaves Vassell, Vassell, , ,Mailing Address 21930 143rd Ave
FI 2

City

Springfield Gardens

State
NYZip Code
11413-3105FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Silvercrest Extended Care FacilityOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390290

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Greaves, Beryl, , ,

Mailing Address 89 Lafayette Ave

City

East Orange

State
NJZip Code
07017-4611FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390289

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Green, Alsenia, , ,Mailing Address 1250 Morris Ave
Apt GSCity
BronxState
NYZip Code
10456-3170FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390291

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Green, Beverley, , ,Mailing Address 14718 258th St
Null

City

Rosedale

State
NYZip Code
11422-2921FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Vincent's Hospital-WestchesterOccupation (for Individual)
Special Care Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390292

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Green, Tanisha, , ,Mailing Address 707 Van Siclen Ave
Apt 2F

City

Brooklyn

State
NYZip Code
11207-7204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai WestOccupation (for Individual)
Sterile Processing Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390293

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Greer, Camilla, , ,Mailing Address 686 Ashford St
Apt 10City
BrooklynState
NYZip Code
11207-7344FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Linden Gardens Nursing Home & Rehab Ct

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390294

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Guity, Daneeda, , ,Mailing Address 529 Miller Ave
NullCity
BrooklynState
NYZip Code
11207-4805FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bedford Center for Nursing and Rehabil

Occupation (for Individual)

Housekeeping Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : 6390295

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Gutierrez, Paula, , ,Mailing Address 3 Otsego Ave
NullCity
Dix HillsState
NYZip Code
11746-8005FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation

Occupation (for Individual)

Phlebotomist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390296

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Gyamfi, Lilly, , ,Mailing Address 25700 Woodfield Rd
NullCity
DamascusState
MDZip Code
20872-2023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medstar Georgetown Medical CenterOccupation (for Individual)
Patient Care Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390297

Amount of Each Receipt this Period

26.56

☐ Memo Item

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

B. Haider, Rubina, , ,Mailing Address 2102 74th St
Apt 3ACity
BrooklynState
NYZip Code
11204-5923FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Lab Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390298

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Hakim, Shafeena, , ,Mailing Address 1313 Saint Lawrence Ave
1ACity
BronxState
NYZip Code
10472-1996FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Easthaven Nursing HRFOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390300

Amount of Each Receipt this Period

30.00

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

76.56

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Hakim, Shafeena, , ,Mailing Address 1313 Saint Lawrence Ave
1ACity
BronxState
NYZip Code
10472-1996FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Easthaven Nursing HRFOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390299

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Hall, Joel, , ,Mailing Address 1220 Morris Ave
Apt 5BCity
BronxState
NYZip Code
10456-3124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Material Handler

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390301

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Hall, Stephanie, , ,Mailing Address 116 Waverly St
Apt 3City
YonkersState
NYZip Code
10701-4202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Joseph's Medical CenterOccupation (for Individual)
Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390302

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Hall, Stephanie, , ,Mailing Address 116 Waverly St
Apt 3City
YonkersState
NYZip Code
10701-4202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Joseph's Medical CenterOccupation (for Individual)
Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390303

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Hamilton, Kathleen, , ,Mailing Address 14442 168th St
NullCity
JamaicaState
NYZip Code
11434-4815FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Franklin Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390304

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Hanif, Muhammad, , ,

Mailing Address 420 Poets Way

City
MahwahState
NJZip Code
07430-2085FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan HospitalOccupation (for Individual)
Personal Care Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390305

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Hardwick, Danielle, , ,Mailing Address 61 Clinton St
Apt 1City
NewburghState
NYZip Code
12550-3654FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blythedale Children's HospitalOccupation (for Individual)
Respiratory Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390306

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Harewood-Morrison, Anita, , ,Mailing Address 23423 135th Ave
NullCity
RosedaleState
NYZip Code
11422-1323FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Brooklyn Hospital CenterOccupation (for Individual)
Contract Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390307

Amount of Each Receipt this Period

33.10

☐ Memo Item

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

C. Harewood-Morrison, Anita, , ,Mailing Address 23423 135th Ave
NullCity
RosedaleState
NYZip Code
11422-1323FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Brooklyn Hospital CenterOccupation (for Individual)
Contract Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390308

Amount of Each Receipt this Period

33.10

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

96.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Hargrove, Shantay, , ,Mailing Address 50 N Swan St
NullCity
AlbanyState
NYZip Code
12210-2868FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rosewood Rehabilitation and NursingOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390309

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

B. Harmon, Luna, , ,

Mailing Address 490 Heberton Ave

City
Staten IslandState
NYZip Code
10302-2139FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390310

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Harris, Shiasia, , ,Mailing Address 527 W 151st St
Apt 21City
New YorkState
NYZip Code
10031-2211FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BronxCare Health SystemOccupation (for Individual)
Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : 6390311

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

105.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Harrison, Dana, , ,Mailing Address 60 Plaza St E
NullCity
BrooklynState
NYZip Code
11238-5020FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NY Presbyterian-Brooklyn Methodist HosOccupation (for Individual)
Physician Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390312

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Harvey, Tabitha, , ,Mailing Address 115 Franklin St NE
Apt H13City
WashingtonState
DCZip Code
20002-1069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medstar Georgetown Medical CenterOccupation (for Individual)
Food Service Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390313

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Henry, Diamond, , ,Mailing Address 3745 Barnes Ave
NullCity
BronxState
NYZip Code
10467-5822FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Customer Services Liaison

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390314

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Henry, Lauraine, , ,Mailing Address 839 Tilden St
Apt 6DCity
BronxState
NYZip Code
10467-6299FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kings Harbor Multicare CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390315

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Henry, Lauraine, , ,Mailing Address 839 Tilden St
Apt 6DCity
BronxState
NYZip Code
10467-6299FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kings Harbor Multicare CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390316

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Henry, Lincon, , ,Mailing Address 555 E 240th St
NullCity
BronxState
NYZip Code
10470-1403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Housekeeping Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390317

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Henry, Yoland, , ,

Mailing Address 331 E 52nd St

Null

City

Brooklyn

State

NY

Zip Code

11203-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NY Presbyterian-Brooklyn Methodist Hos

Occupation (for Individual)

Nurse Technician

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390318

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Henry-Braham, Yanique, , ,

Mailing Address 739 Penfield St

City

Bronx

State

NY

Zip Code

10470-1320

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

Nursing Attendant

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390319

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Henry-Simms, Collette, , ,

Mailing Address 3641 Varian Ave

Null

City

Bronx

State

NY

Zip Code

10466-5934

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Providence Rest Nursing Home

Occupation (for Individual)

Licensed Practical Nurse

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390320

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Herbert, Megan, , ,

Mailing Address 21536 106th Ave

City
Queens VillageState
NYZip Code
11429-1508FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390321

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Herman, Cecile, , ,Mailing Address 444 Jamaica Ave
Apt 11RCity
BrooklynState
NYZip Code
11208-1001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United Cerebral Palsy Association of NOccupation (for Individual)
Direct Care Counselor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390322

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Hernandez, Kathleen, , ,Mailing Address 7 Lakeland Ave
NullCity
Mohegan LakeState
NYZip Code
10547-1565FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Westchester Restorative TherapyOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390323

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Hernandez, Lisa, , ,

Mailing Address 2184 S Railroad Ave

City
Staten IslandState
NYZip Code
10306-3714FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)
Pharmacy Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390324

Amount of Each Receipt this Period

43.34

☐ Memo Item

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

B. Hernandez, Nora, , ,Mailing Address 12 Errington Pl
NullCity
Staten IslandState
NYZip Code
10304-3704FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390325

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Hernandez, Shanick, , ,Mailing Address 24 Lindbergh Pl
NullCity
PoughkeepsieState
NYZip Code
12603-1246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MidHudson Regional HospitalOccupation (for Individual)
Patient Care Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390326

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

123.34

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Hernandez, Shanick, , ,Mailing Address 24 Lindbergh Pl
NullCity
PoughkeepsieState
NYZip Code
12603-1246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MidHudson Regional HospitalOccupation (for Individual)
Patient Care Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390327

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Hernandez, Tannisha, , ,Mailing Address 66 W Hartsdale Ave
NullCity
HartsdaleState
NYZip Code
10530-1631FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Patient Service Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390328

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Herrera, William, , ,Mailing Address 115 Elmwood Ave
NullCity
BogotaState
NJZip Code
07603-1611FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Maintenance Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390329

Amount of Each Receipt this Period

36.00

☐ Memo Item

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

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

116.00

SCHEDULE A (FEC Form 3X)
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☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Herrera, William, , ,Mailing Address 115 Elmwood Ave
NullCity
BogotaState
NJZip Code
07603-1611FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Maintenance Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390330

Amount of Each Receipt this Period

36.00

☐ Memo Item

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

B. Hilario, Charlie, , ,Mailing Address 900 Riverside Dr
Apt 3HCity
New YorkState
NYZip Code
10032-5445FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Laundry Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390331

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Hill, David, , ,Mailing Address 19 Hamilton Ter
Apt 1LCity
New YorkState
NYZip Code
10031-6406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yeshiva UniversityOccupation (for Individual)
Clerk Mail

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390332

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

186.00

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

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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Hinayhinay, Jerry Vincent, , ,Mailing Address 4113 69th St
Fl 1City
WoodsideState
NYZip Code
11377-3837FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Laboratory Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390333

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Hollingsworth, Robert, , ,Mailing Address 1571 Remsen Ave
NullCity
BrooklynState
NYZip Code
11236-5213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)
Transporter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390334

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Holness, Alik-Maria, , ,Mailing Address 21716 136th Ave
NullCity
Springfield GardensState
NYZip Code
11413-2245FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St John's Episcopal-South ShoreOccupation (for Individual)
Patient Care Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390335

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

80.00

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

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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Hoosain, Nafiza, , ,Mailing Address 2065 Watson Ave
NullCity
BronxState
NYZip Code
10472-5403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sapphire Center for Rehabilitation andOccupation (for Individual)
Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390337

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Hoosain, Nafiza, , ,Mailing Address 2065 Watson Ave
NullCity
BronxState
NYZip Code
10472-5403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sapphire Center for Rehabilitation andOccupation (for Individual)
Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390336

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Hubbard-Massey, Jacqueline, , ,

Mailing Address 35 Marcy Pl

City
BronxState
NYZip Code
10452-7307FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York University HospitalOccupation (for Individual)
Contract Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390338

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Huertas, Ivette, , ,Mailing Address 920 Vermont St
Apt 6FCity
BrooklynState
NYZip Code
11207-8457FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wyckoff Heights HospitalOccupation (for Individual)
Food Service Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : 6390339

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Hunter, Jovan, , ,Mailing Address 2078 Morris Ave
Apt 5ACity
BronxState
NYZip Code
10453-3525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BronxCare Health SystemOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : 6390340

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Huskins, Monica, , ,

Mailing Address 1480 Nepperhan Ave

City
YonkersState
NYZip Code
10703-1027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St John's Riverside HospitalOccupation (for Individual)
Unit Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390341

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Hypolite, Paul, , ,Mailing Address 574 4th Ave
Apt 3ECity
BrooklynState
NYZip Code
11215-6364FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SEIU-CC, LLCOccupation (for Individual)
Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390342

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Ibezimako, Jacinta, , ,

Mailing Address 5904 Howard Pl

City
BaltimoreState
MDZip Code
21207-3970FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forest Haven Nursing and Rehab FacilitOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390344

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Ibezimako, Jacinta, , ,

Mailing Address 5904 Howard Pl

City
BaltimoreState
MDZip Code
21207-3970FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forest Haven Nursing and Rehab FacilitOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390343

Amount of Each Receipt this Period

40.00

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

120.00

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

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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

A. Ifill, Annette, , ,Mailing Address 2950 W 35th St
Apt 1026City
BrooklynState
NYZip Code
11224-1443FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Phlebotomist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390345

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Inniss, Marjorie, , ,

Mailing Address 5942 Colonnade Dr

City
RexState
GAZip Code
30273-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390346

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Intal, Abigail, , ,Mailing Address 10 Radford St
Apt 1RCity
YonkersState
NYZip Code
10705-3338FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Support Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390347

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Izquierdo, Zenaida, , ,Mailing Address 3504 Rochambeau Ave
NullCity
BronxState
NYZip Code
10467-1308FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390348

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jacinthe, Adeline, , ,Mailing Address 20 Gates Ave
Null

City

Valley Stream

State
NYZip Code
11580-3204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Haven Manor Health Related. FacilityOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390349

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jacobs, Toure, , ,

Mailing Address 3321 B Decatur Ave

City

Bronx

State
NYZip Code
10467-3533FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai MorningsideOccupation (for Individual)
Unit Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390350

Amount of Each Receipt this Period

80.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jacobs, Vinceleta, , ,

Mailing Address 3628 Speckled Way

City
SanfordState
FLZip Code
32773-4341FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390351

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jainaraine, Vadewattie, , ,Mailing Address 12408 153rd St
NullCity
JamaicaState
NYZip Code
11434-2343FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NY Presbyterian-Brooklyn Methodist HosOccupation (for Individual)
Access Service Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390352

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. James, Anetta, , ,

Mailing Address 2900 Tiemann Ave

City
BronxState
NYZip Code
10469-3322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Care Pavilion (RN)Occupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390353

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. James, Jeannette, , ,Mailing Address 215 S 12th Ave
Null

City

Mount Vernon

State

NY

Zip Code

10550-3712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Glen Island Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2024

Transaction ID : 6390354

Amount of Each Receipt this Period

40.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. James, Keresha, , ,

Mailing Address 616 E Lincoln Ave

City

Mount Vernon

State

NY

Zip Code

10552-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Elizabeth Seton Pediatric and Rehab Ce

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2024

Transaction ID : 6390355

Amount of Each Receipt this Period

100.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. James, Thelma, , ,Mailing Address 4386 Locust Point Dr
Null

City

Bronx

State

NY

Zip Code

10465-4037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Morningside House

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2024

Transaction ID : 6390356

Amount of Each Receipt this Period

40.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. James, Thelma, , ,Mailing Address 4386 Locust Point Dr
NullCity
BronxState
NYZip Code
10465-4037FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Morningside HouseOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390357

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jarvis, Gloria, , ,Mailing Address 100 De Kruif Pl
Apt 30CCity
BronxState
NYZip Code
10475-2406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Center Light Health SystemsOccupation (for Individual)
Pace Services Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390358

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jarvis, Gloria, , ,Mailing Address 100 De Kruif Pl
Apt 30CCity
BronxState
NYZip Code
10475-2406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Center Light Health SystemsOccupation (for Individual)
Pace Services Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390359

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jean Frage, Carline, , ,Mailing Address 16339 130th Ave
Apt 1BCity
JamaicaState
NYZip Code
11434-3013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carlton Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390365

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jean Frage, Carline, , ,Mailing Address 16339 130th Ave
Apt 1BCity
JamaicaState
NYZip Code
11434-3013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carlton Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : 6390366

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jean Francois, Edwine, , ,Mailing Address 600 Ocean Ave
Apt 2CCity
BrooklynState
NYZip Code
11226-4442FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Shoreview Nursing HomeOccupation (for Individual)
Housekeeper

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390367

Amount of Each Receipt this Period

45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jean Philippe, Neurla, , ,Mailing Address 273 Keller Ave
NullCity
ElmontState
NYZip Code
11003-3110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Parker Jewish Geriatric InstituteOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390368

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jean Pierre, Lydevine, , ,Mailing Address 9907 Avenue J
FI 1City
BrooklynState
NYZip Code
11236-4015FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Marcus Garvey Residential RehabOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : 6390369

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jean, Maud, , ,Mailing Address 11467 198th St
NullCity
Saint AlbansState
NYZip Code
11412-2820FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lawrence Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390360

Amount of Each Receipt this Period

52.50

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

102.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jean, Maud, , ,

Mailing Address 11467 198th St

Null

City

Saint Albans

State

NY

Zip Code

11412-2820

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2024

Transaction ID : 6390362

Amount of Each Receipt this Period

52.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jean, Maud, , ,

Mailing Address 11467 198th St

Null

City

Saint Albans

State

NY

Zip Code

11412-2820

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : 6390361

Amount of Each Receipt this Period

52.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jean, Maud, , ,

Mailing Address 11467 198th St

Null

City

Saint Albans

State

NY

Zip Code

11412-2820

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lawrence Nursing Home

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2024

Transaction ID : 6390363

Amount of Each Receipt this Period

52.50

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

157.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jean, Widson, , ,Mailing Address 354 E 21st St
Apt 2GCity
BrooklynState
NYZip Code
11226-8320FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Comprehensive Cancer Corp of New YorkOccupation (for Individual)
Maintenance Mechanic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390364

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jerome, Syje, , ,Mailing Address 938 Balboa Ave
NullCity
Capitol HeightsState
MDZip Code
20743-3935FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medstar Georgetown Medical CenterOccupation (for Individual)
Food Service Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390370

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Johnson, Rena, , ,Mailing Address 11 Mary B Talbert Blvd
NullCity
BuffaloState
NYZip Code
14204-2903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Grand Rehab and Nursing at DelawarOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390371

Amount of Each Receipt this Period

45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Johnson, Teresa, , ,

Mailing Address 338 Balantic Hill Rd

City
LaurensState
NYZip Code
13796-1116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
A.O. Fox Memorial HospitalOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390372

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jones, Sandra, , ,Mailing Address 13163 231st St
NullCity
LaureltonState
NYZip Code
11413-1834FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Nursing Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390373

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jones, Sandra, , ,Mailing Address 13163 231st St
NullCity
LaureltonState
NYZip Code
11413-1834FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Nursing Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390374

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jordan, Juliana, , ,Mailing Address 1555 Grand Concourse
Apt 4KCity
BronxState
NYZip Code
10452-6209FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390375

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Joseph, Daniel, , ,Mailing Address 847 E 51st St
NullCity
BrooklynState
NYZip Code
11203-5927FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Phlebotmist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390376

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Joseph, Geraldine, , ,Mailing Address 661 Orangeburgh Rd
NullCity
River ValeState
NJZip Code
07675-6404FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAGNY-JACOBIOccupation (for Individual)
Physician Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390377

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Joseph, Geraldine, , ,Mailing Address 661 Orangeburgh Rd
NullCity
River ValeState
NJZip Code
07675-6404FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAGNY-JACOBIOccupation (for Individual)
Physician Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390378

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Joseph, Geraldine, , ,Mailing Address 661 Orangeburgh Rd
NullCity
River ValeState
NJZip Code
07675-6404FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAGNY-JACOBIOccupation (for Individual)
Physician Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390379

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Joseph, Rebekah, , ,Mailing Address 1372 Harrison St
NullCity
ElmontState
NYZip Code
11003-1933FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai MorningsideOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390380

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Joseph, Soeurette, , ,Mailing Address 1500 Roselle St
Fl 1City
LindenState
NJZip Code
07036-2535FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aristacare @ ParksideOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390381

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kaba, Saran, , ,Mailing Address 140 Park Hill Ave
Apt 5UCity
Staten IslandState
NYZip Code
10304-4810FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stella Orton Home Care AgencyOccupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390382

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kalashnikova, Aleksandra, , ,Mailing Address 460 Neptune Ave
Apt 22SCity
BrooklynState
NYZip Code
11224-4328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai BrooklynOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390383

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kang, Christine, , ,Mailing Address 18306 Booth Memorial Ave
Fl 2City
Fresh MeadowsState
NYZip Code
11365-2247FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Civil Service PharmacistsOccupation (for Individual)
Health System Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390384

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kargbo, Hajaratu, , ,Mailing Address 1 Alexander St
Apt 409City
YonkersState
NYZip Code
10701-7557FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yonkers Gardens Center for NursingOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390385

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Karim, Md Monjurul, , ,Mailing Address 33 Robinson Ave
NullCity
Valley StreamState
NYZip Code
11580-2907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wyckoff Heights HospitalOccupation (for Individual)
Physician Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : 6390386

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Karpeh, Jetty, , ,

Mailing Address 33 Park Hill Ct

City
Staten IslandState
NYZip Code
10304-3613FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stella Orton Home Care AgencyOccupation (for Individual)
Personal Care Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390387

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kemp, Kyle, , ,Mailing Address 485 Malcolm X Blvd
NullCity
New YorkState
NYZip Code
10037-2402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Beth Israel BrooklynOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390388

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kercado, Maria, , ,

Mailing Address 3337 Corsa Ave

City
BronxState
NYZip Code
10469-2810FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390389

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kerr, Adriana, , ,Mailing Address 887 Proctor Rd
NullCity
Glen SpeyState
NYZip Code
12737-5573FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bon Secours Community HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390390

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kim, Jina, , ,Mailing Address 212 E Madison Ave
NullCity
CresskillState
NJZip Code
07626-2229FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Civil Service PharmacistsOccupation (for Individual)
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390391

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. King, Edward, , ,Mailing Address 1196 E 95th St
NullCity
BrooklynState
NYZip Code
11236-3901FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NY Presbyterian-Brooklyn Methodist HosOccupation (for Individual)
Imaging Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390392

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. King, Rolando S., , ,

Mailing Address 3054 83rd St

City
East ElmhurstState
NYZip Code
11370-1919FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SEIU-CC, LLCOccupation (for Individual)
Director Of Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2024

Transaction ID : 6390393

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. King, Tynera, , ,Mailing Address 1960 Park Ave
Apt 3GCity
New YorkState
NYZip Code
10037-2921FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Operating Room Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2024

Transaction ID : 6390394

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kingston, Sybil, , ,

Mailing Address 154 Beach 74Th St

City
ArverneState
NYZip Code
11692-1276FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2024

Transaction ID : 6390395

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

180.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Knights, Marilyn, , ,Mailing Address 272 Berriman St
Fl 2City
BrooklynState
NYZip Code
11208-2324FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Seagate Rehabilitation and Nursing CenOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390396

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Knobel, Mary, , ,Mailing Address 9201 Shore Rd
Apt D412City
BrooklynState
NYZip Code
11209-6547FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390397

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kolodny, Ivan, , ,Mailing Address 390 Riverside Dr
Apt 2CCity
New YorkState
NYZip Code
10025-1862FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Benefit Fund-1199Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390398

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Koloko, Moet-Kiton, , ,

Mailing Address 63 Imperial Dr

City
BuffaloState
NYZip Code
14226-1534FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaleida HealthOccupation (for Individual)
Patient Support Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390399

Amount of Each Receipt this Period

184.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Koloko, Moet-Kiton, , ,

Mailing Address 63 Imperial Dr

City
BuffaloState
NYZip Code
14226-1534FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaleida HealthOccupation (for Individual)
Patient Support Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390400

Amount of Each Receipt this Period

184.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Komissarov, Georgy, , ,Mailing Address 801 Amsterdam Ave
Apt 8ECity
New YorkState
NYZip Code
10025-5747FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia UniversityOccupation (for Individual)
Research Employee

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390401

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

388.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kontselidze, Diana, , ,

Mailing Address 14318 22nd Ave

City
WhitestoneState
NYZip Code
11357-3422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Mary's Hospital For Children, INCOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2024

Transaction ID : 6390402

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kosakowski, Wilkayra, , ,Mailing Address 40 Botsford St
NullCity
HempsteadState
NYZip Code
11550-7306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Program Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390403

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kotikalapudi, Surya, , ,Mailing Address 67 Oakwood Ave
NullCity
FarmingdaleState
NYZip Code
11735-5924FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Lab Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390404

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kpelapaaee, Andrew, , ,

Mailing Address 12 Stebbins Ave

City
Staten IslandState
NYZip Code
10310-1638FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stella Orton Home Care AgencyOccupation (for Individual)
Personal Care Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390405

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kurachek, Erlinda, , ,Mailing Address 29 Ruth Ct
NullCity
MiddletownState
NYZip Code
10940-5328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Highland Care CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390406

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kuriakose, Felix, , ,Mailing Address 371 W 126th St
Apt 3ACity
New YorkState
NYZip Code
10027-4305FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390407

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kuzenko, Mariya, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 06 / 2024 Transaction ID : 6390408
Mailing Address 622 Katan Ave Null		Amount of Each Receipt this Period 40.00
City Staten Island	State NY	Zip Code 10312-3423
FEC ID number of contributing federal political committee. C		☐ Memo Item
Name of Employer (for Individual) Stella Orton Home Care Agency		
Occupation (for Individual) Home Health Aide		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Labarge, Margaret, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2024 Transaction ID : 6390409
Mailing Address 922 Johnson Ave		Amount of Each Receipt this Period 20.00
City Angola	State NY	Zip Code 14006-9617
FEC ID number of contributing federal political committee. C		☐ Memo Item
Name of Employer (for Individual) Absolut Ctr. for Nursing & Rehab @ Ede		
Occupation (for Individual) Cook		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 290.00
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lai, Nyok, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2024 Transaction ID : 6390410
Mailing Address 21976 75th Ave FI 2		Amount of Each Receipt this Period 40.00
City Oakland Gardens	State NY	Zip Code 11364-3044
FEC ID number of contributing federal political committee. C		☐ Memo Item
Name of Employer (for Individual) New York Presbyterian-Queens		
Occupation (for Individual) Dietary Aide		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)		Aggregate Year-to-Date ▼ 240.00
SUBTOTAL of Receipts This Page (optional).....▶		100.00
TOTAL This Period (last page this line number only).....▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lai, Nyok, , ,Mailing Address 21976 75th Ave
Fl 2City
Oakland GardensState
NYZip Code
11364-3044FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390411

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lam, Lloyd, , ,Mailing Address 12509 84th Rd
Apt 2City
Kew GardensState
NYZip Code
11415-2247FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Silvercrest Extended Care FacilityOccupation (for Individual)
Respiratory Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390412

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lampley, Esther, , ,Mailing Address 144 Doscher St
NullCity
BrooklynState
NYZip Code
11208-2711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NY Presbyterian-Brooklyn Methodist HosOccupation (for Individual)
Nurse Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390413

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

90.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Landry, Jessica, , ,Mailing Address 699 Heritage Dr
NullCity
RochesterState
NYZip Code
14615-1021FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Rochester Med. CenterOccupation (for Individual)
Patient Unit Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390414

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lanthier, Brittany, , ,

Mailing Address 577 Lower Allen St

City
Hudson FallsState
NYZip Code
12839-2657FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fort Hudson Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390415

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lanthier, Brittany, , ,

Mailing Address 577 Lower Allen St

City
Hudson FallsState
NYZip Code
12839-2657FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fort Hudson Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390416

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lara-Hernandez, Diane, , ,Mailing Address 10945 125th St
NullCity
South Ozone ParkState
NYZip Code
11420-1501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390417

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lara-Hernandez, Diane, , ,Mailing Address 10945 125th St
NullCity
South Ozone ParkState
NYZip Code
11420-1501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390418

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lata, Sneha, , ,Mailing Address 344 Orchard Ter
Apt ACity
BogotaState
NJZip Code
07603-1013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Phlebotomist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390419

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Laurent, Marie Andree, , ,Mailing Address 107 Remington Pl
NullCity
New RochelleState
NYZip Code
10801-3901FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Glen Island Care CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390420

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lawrence, Yvonne, , ,Mailing Address 858 E 221st St
Apt 2City
BronxState
NYZip Code
10467-5257FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore-Wakefield CampusOccupation (for Individual)
Patient Care Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390421

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lawrence-Morgan, Nadine, , ,Mailing Address 140 Elgar Pl
Apt 5HCity
BronxState
NYZip Code
10475-5240FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Elizabeth Seton Pediatric and Rehab CeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : 6390422

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lawrence-Morgan, Nadine, , ,Mailing Address 140 Elgar Pl
Apt 5HCity
BronxState
NYZip Code
10475-5240FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Elizabeth Seton Pediatric and Rehab CeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390423

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Leahy, Timothy, , ,Mailing Address 2121 Avenue Y
Apt 1City
BrooklynState
NYZip Code
11235-2977FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai BrooklynOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390424

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lebron, Monique, , ,Mailing Address 3266 86th St
Apt 3RCity
East ElmhurstState
NYZip Code
11369-2156FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Regal Heights Rehab and Health Care CeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : 6390425

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lebron, Noelia, , ,

Mailing Address 14 Jennifer Dr

City
New CityState
NYZip Code
10956-4212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore-Wakefield CampusOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390427

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lebron, Noelia, , ,

Mailing Address 14 Jennifer Dr

City
New CityState
NYZip Code
10956-4212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore-Wakefield CampusOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390426

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lee, Joon, , ,Mailing Address 255 W 85th St
Apt 2ACity
New YorkState
NYZip Code
10024-3265FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Civil Service PharmacistsOccupation (for Individual)
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390428

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lee, Joseph, , ,Mailing Address 806 South Ave
Apt 2City
SyracuseState
NYZip Code
13207-1861FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Park RehabOccupation (for Individual)
Nursing Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390429

Amount of Each Receipt this Period

36.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lee, Julie, , ,Mailing Address 1368 Port Washington Blvd
Null

City

Port Washington

State
NYZip Code
11050-2628FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Civil Service PharmacistsOccupation (for Individual)
Health System Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390430

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lee, Travis, , ,Mailing Address 1646 Union St
Apt 2D

City

Brooklyn

State
NYZip Code
11213-4716FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brookdale Hospital Medical CenterOccupation (for Individual)
Transporter

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390431

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

76.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Legrand, Stephanie, , ,Mailing Address 57 Green St
NullCity
Valley StreamState
NYZip Code
11580-4815FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)
Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390432

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lekht, Anna, , ,Mailing Address 2741 E 28th St
Apt 1HCity
BrooklynState
NYZip Code
11235-2433FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Clinical Lab Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390433

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lew, Anne Oy, , ,Mailing Address 20 Confucius Plz
Apt 5HCity
New YorkState
NYZip Code
10002-6732FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Civil Service PharmacistsOccupation (for Individual)
Health System Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390434

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lewis Murphy, Tracey, , ,Mailing Address 3021 Young Ave
NullCity
BronxState
NYZip Code
10469-5106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Patient Care Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390437

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lewis, Shakeesha, , ,

Mailing Address 1521 Grant Blvd

City
SyracuseState
NYZip Code
13208-3013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Park RehabOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390435

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lewis, Vanesa, , ,Mailing Address 861 E 226th St
NullCity
BronxState
NYZip Code
10466-4418FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Workmens CircleOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : 6390436

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lezama, Ari, , ,

Mailing Address 69 Camp Hill Rd

City
PomonaState
NYZip Code
10970-3201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390438

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lezama, Isidro, , ,Mailing Address 441 E 154th St
BCity
BronxState
NYZip Code
10455-1223FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Housekeeping Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390439

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lian, Henry, , ,Mailing Address 14644 61st Rd
NullCity
FlushingState
NYZip Code
11367-1204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Civil Service PharmacistsOccupation (for Individual)
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390440

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Liao, Xinbo, , ,

Mailing Address 4 Jean Ln

Null

City

Rye Brook

State

NY

Zip Code

10573-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation

Occupation (for Individual)

Clinical Lab Technologist

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2024

Transaction ID : 6390441

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lidge, Jaylen, , ,

Mailing Address 17 Sussex Ct

City

Buffalo

State

NY

Zip Code

14204-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mc Auley Residence-CHS-KMH

Occupation (for Individual)

Dietary Aide

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2024

Transaction ID : 6390442

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lidge, Jaylen, , ,

Mailing Address 17 Sussex Ct

City

Buffalo

State

NY

Zip Code

14204-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mc Auley Residence-CHS-KMH

Occupation (for Individual)

Dietary Aide

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2024

Transaction ID : 6390443

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

110.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lincoln, Diah, , ,Mailing Address 320 Vanderbilt Ave
AVE1-CCity
Staten IslandState
NYZip Code
10304-3502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stella Orton Home Care AgencyOccupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390444

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lloyd, Amy, , ,

Mailing Address 314 Howe Ave

City
BronxState
NYZip Code
10473-1645FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore-Wakefield CampusOccupation (for Individual)
Case Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390445

Amount of Each Receipt this Period

160.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Louima, Stephanie, , ,Mailing Address 864 Elton St
Apt 1RCity
BrooklynState
NYZip Code
11208-5239FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Shoreview Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390446

Amount of Each Receipt this Period

45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

245.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Louis, Ansy, , ,Mailing Address 530 E 54th St
NullCity
BrooklynState
NYZip Code
11203-5417FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NY Presbyterian-Brooklyn Methodist HosOccupation (for Individual)
Transportation Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390447

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Love, Milton, , ,Mailing Address 150 W 225th St
Apt 16KCity
BronxState
NYZip Code
10463-5019FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390448

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lowe, Donnadale, , ,Mailing Address 9401 64th Rd
Apt 4KCity
Rego ParkState
NYZip Code
11374-3007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)
Certified Occupation Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390449

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lowe, Jeanette, , ,Mailing Address 3324 6th St SE
Apt 101City
WashingtonState
DCZip Code
20032-3817FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medstar Georgetown Medical CenterOccupation (for Individual)
Patient Care Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390450

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lowe, Johnny, , ,Mailing Address 34 W 139th St
Apt 7JCity
New YorkState
NYZip Code
10037-1526FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Patient Encounter Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390451

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lu, William, , ,Mailing Address 2331 82nd St
NullCity
BrooklynState
NYZip Code
11214-2755FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Civil Service PharmacistsOccupation (for Individual)
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390452

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lugg, Kimeshar, , ,Mailing Address 2929 Laconia Ave
Apt 2City
BronxState
NYZip Code
10469-1418FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Technician Lab

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390453

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Luke, Sandra, , ,

Mailing Address 19435 112th Ave

City

Saint Albans

State
NYZip Code
11412-2022FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Nursing HomeOccupation (for Individual)
Central Supply Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390454

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Luke, Sandra, , ,

Mailing Address 19435 112th Ave

City

Saint Albans

State
NYZip Code
11412-2022FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Nursing HomeOccupation (for Individual)
Central Supply Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : 6390455

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 179 OF 323
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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lumagui, Gladys May, , ,Mailing Address 76 Fieldstone Ln
NullCity
Valley StreamState
NYZip Code
11581-2304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390456

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lumagui, Gladys May, , ,Mailing Address 76 Fieldstone Ln
NullCity
Valley StreamState
NYZip Code
11581-2304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390457

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Luna, Lisa, , ,Mailing Address 310 Clarkson Ave
Apt 608City
BrooklynState
NYZip Code
11226-4382FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York University HospitalOccupation (for Individual)
Ultrasound Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390458

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Luna, Samantha, , ,Mailing Address 309 Beach 54Th St
Apt 4ECity
ArverneState
NYZip Code
11692-1754FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rockaway Care CenterOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390459

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Luster, Lisa, , ,Mailing Address 2178 Seneca St
Apt 217City
BuffaloState
NYZip Code
14210-2473FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaleida HealthOccupation (for Individual)
Bill Collections

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390460

Amount of Each Receipt this Period

36.92

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Luster, Lisa, , ,Mailing Address 2178 Seneca St
Apt 217City
BuffaloState
NYZip Code
14210-2473FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaleida HealthOccupation (for Individual)
Bill Collections

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390461

Amount of Each Receipt this Period

36.92

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

93.84

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ly, Huy, , ,

Mailing Address 2215 E 27th St

Null

City

Brooklyn

State

NY

Zip Code

11229-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NY Presbyterian-Brooklyn Methodist Hos

Occupation (for Individual)

Surgical Support Attendant

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390462

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ma, Dennis, , ,

Mailing Address 1758 W 6th St

Null

City

Brooklyn

State

NY

Zip Code

11223-1322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health And Hospital Corporation

Occupation (for Individual)

Clinical Lab Technologist

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390463

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mabrey, Joseph, , ,

Mailing Address 158 -09 111 Ave

City

Jamaica

State

NY

Zip Code

11434

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fairview Nursing Home

Occupation (for Individual)

Cook

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390464

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Madison, Brandon, , ,Mailing Address 875 Boynton Ave
Apt 9LCity
BronxState
NYZip Code
10473-4728FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Barnabas HospitalOccupation (for Individual)
Dietary Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390465

Amount of Each Receipt this Period

46.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mahon, Lynelle, , ,Mailing Address 1371 Linden Blvd
Apt 14HCity
BrooklynState
NYZip Code
11212-4713FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390466

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mais-Buddan, Fabiola, , ,Mailing Address 955 E 40th St
NullCity
BrooklynState
NYZip Code
11210-3529FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390467

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

106.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Maldonado, Sean, , ,Mailing Address 10519 Flatlands 1St St
NullCity
BrooklynState
NYZip Code
11236-3007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Surgical Care Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390468

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Manansala, Angeline, , ,Mailing Address 530 W 45th St
NullCity
New YorkState
NYZip Code
10036-3696FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Renal Research InstituteOccupation (for Individual)
Inpatient Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : 6390469

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mancuso, Michael, , ,

Mailing Address 2096 Lake Shore Dr

City
BlossvaleState
NYZip Code
13308FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Park RehabOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390470

Amount of Each Receipt this Period

90.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mandario, Maria, , ,Mailing Address 234 Dartmouth Loop
Apt BCity
Staten IslandState
NYZip Code
10306-4822FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stella Orton Home Care AgencyOccupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390471

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Marcelin, Bernadette, , ,Mailing Address 87 Fulton Ave
Apt 87City
Jersey CityState
NJZip Code
07305-3113FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390472

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Markaj, Antoneta, , ,Mailing Address 135 Fifth Ave
Apt 2ECity
PelhamState
NYZip Code
10803-1563FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Senior Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390473

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Marquez, Jeyrivel, , ,Mailing Address 2035 Central Park Ave
Apt 1VCity
YonkersState
NYZip Code
10710-2439FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390474

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Marsh, Don, , ,Mailing Address 5969 Middle Rd
Lot 17City
MunnsvilleState
NYZip Code
13409-2950FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colonial ParkOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390476

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Marsh, Don, , ,Mailing Address 5969 Middle Rd
Lot 17City
MunnsvilleState
NYZip Code
13409-2950FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colonial ParkOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390475

Amount of Each Receipt this Period

45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Marsh, Don, , ,Mailing Address 5969 Middle Rd
Lot 17City
MunnsvilleState
NYZip Code
13409-2950FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colonial ParkOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390477

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Marsh, Don, , ,Mailing Address 5969 Middle Rd
Lot 17City
MunnsvilleState
NYZip Code
13409-2950FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colonial ParkOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390478

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Marte Guerrero, Magdalen, , ,Mailing Address 2091 Arthur Ave
Apt 3ECity
BronxState
NYZip Code
10457-3416FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Nursing Attendant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390479

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Massias, Verna, , ,

Mailing Address 898 Goodview St

City
UniondaleState
NYZip Code
11552FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hempstead Park Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390481

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Massias, Verna, , ,

Mailing Address 898 Goodview St

City
UniondaleState
NYZip Code
11552FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hempstead Park Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390480

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mathew, Gladys, , ,

Mailing Address 14 Elicar Ter

City
YonkersState
NYZip Code
10701-5219FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St John's Riverside HospitalOccupation (for Individual)
Patient Care Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390482

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Matthews, Kedari, , ,

Mailing Address 141 Macdonough St

City
BrooklynState
NYZip Code
11216-2537FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NY Presbyterian-Brooklyn Methodist HosOccupation (for Individual)
Perioperative Patient Careasst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390483

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Maynard, Jeremiah, , ,Mailing Address 42 Pine St
Apt 5HCity
YonkersState
NYZip Code
10701-2432FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Transporter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390484

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mazariego, Carolina, , ,Mailing Address 6645 Broadway
Apt 7BCity
BronxState
NYZip Code
10471-2056FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St John's Riverside HospitalOccupation (for Individual)
Scheduling Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390485

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McDaniel, Melissa, , ,Mailing Address 74 Van Cortlandt Park S
Apt AA12City
BronxState
NYZip Code
10463-3090FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore-Wakefield CampusOccupation (for Individual)
Unit Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390486

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McDonald, Kereen, , ,Mailing Address 638 E 221st St
NullCity
BronxState
NYZip Code
10467-5110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence Rest Nursing HomeOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390487

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McDonald, Tenece, , ,

Mailing Address 13766 Sloan St

City
Springfield GardensState
NYZip Code
11413-2680FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Environmental Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390488

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McDonald, Tenece, , ,

Mailing Address 13766 Sloan St

City
Springfield GardensState
NYZip Code
11413-2680FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Environmental Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390489

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McFadden-Scott, Sally, , ,Mailing Address 20 Orchard St
BsmtCity
YonkersState
NYZip Code
10703-3326FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yonkers Gardens Center for NursingOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390490

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McFarlane, Melesia, , ,Mailing Address 618 Ocean Pkwy
Apt B1City
BrooklynState
NYZip Code
11218-5890FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Patient Care Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390491

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McIntosh, Paulette, , ,Mailing Address 719 Crotona Park N
Apt 5ECity
BronxState
NYZip Code
10457-6721FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yonkers Gardens Center for NursingOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390492

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McKenzie, Rupert, , ,Mailing Address 270 N Columbus Ave
NullCity
FreeportState
NYZip Code
11520-1634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Ave Ext CareOccupation (for Individual)
Housekeeping Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390493

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McKinnon-Stephens, June, , ,Mailing Address 31 Cortlandt St
Apt 6City
Mount VernonState
NYZip Code
10550-2721FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tarrytown Hall Care CenterOccupation (for Individual)
Nurse Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390494

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McLaughlin, Tia-Monet, , ,Mailing Address 9227 160th St
Apt 708City
JamaicaState
NYZip Code
11433-1475FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Unit Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390495

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McLaughlin, Tia-Monet, , ,Mailing Address 9227 160th St
Apt 708City
JamaicaState
NYZip Code
11433-1475FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Unit Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390496

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McLeod, Leisa, , ,Mailing Address 3510 Avenue H
Apt 6RCity
BrooklynState
NYZip Code
11210-3413FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Ave Ext CareOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390497

Amount of Each Receipt this Period

90.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McMillan, Desireene, , ,Mailing Address 738 Rutland Rd
NullCity
BrooklynState
NYZip Code
11203-1830FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Unit Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390498

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McMillan, Marsha, , ,Mailing Address 409 N Broadway
Apt 49City
YonkersState
NYZip Code
10701-1936FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St John's Riverside HospitalOccupation (for Individual)
Mammography Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390499

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McPherson, Charlene, , ,Mailing Address 16902 Linden Blvd
NullCity
JamaicaState
NYZip Code
11434-1311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Silvercrest Extended Care FacilityOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390500

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McQueen, Spring, , ,Mailing Address 4425 Rena Rd
Apt 203City
SuitlandState
MDZip Code
20746-3618FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United Medical CenterOccupation (for Individual)
Psych Tech II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390501

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McQueen, Spring, , ,Mailing Address 4425 Rena Rd
Apt 203City
SuitlandState
MDZip Code
20746-3618FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United Medical CenterOccupation (for Individual)
Psych Tech II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390502

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McTear, Sheonnele, , ,Mailing Address 95 Linden Blvd
Apt 54City
BrooklynState
NYZip Code
11226-3311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NY Presbyterian-Brooklyn Methodist HosOccupation (for Individual)
Access Service Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390503

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

220.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Medina, Gabriel, , ,Mailing Address 4015 10th St
Apt 5DCity
Long Island CityState
NYZip Code
11101-7432FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai WestOccupation (for Individual)
Paramedic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390505

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mednard, Vivette, , ,

Mailing Address 197 S Conger Ave

City
CongersState
NYZip Code
10920-2721FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390506

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Melendez, Melody, , ,Mailing Address 1311 W Farms Rd
NullCity
BronxState
NYZip Code
10459-1605FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Promesa Inc & Casa Promesa (Acacia NetOccupation (for Individual)
Licensed Master Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : 6390507

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Memminger, Tommie, , ,Mailing Address 100 Co Op City Blvd
Apt 12HCity
BronxState
NYZip Code
10475-3852FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390508

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mensah, Augustina, , ,Mailing Address 203 E 4th St
Apt 5B

City

Mount Vernon

State
NYZip Code
10553-1431FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence Rest Nursing HomeOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390509

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mensah, Grace, , ,Mailing Address 1011 Carroll Pl
Apt 7H

City

Bronx

State
NYZip Code
10456-6250FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hudson PointOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390510

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mensah, Grace, , ,Mailing Address 1011 Carroll Pl
Apt 7HCity
BronxState
NYZip Code
10456-6250FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hudson PointOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390511

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mercedes, Jonah, , ,Mailing Address 757 Bushwick Ave
NullCity
BrooklynState
NYZip Code
11221-2547FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wyckoff Heights HospitalOccupation (for Individual)
Admission Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : 6390512

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mercedes, Tracy, , ,Mailing Address 914 Wheeler Ave
Apt 2City
BronxState
NYZip Code
10473-4559FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Outreach Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390513

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Merdozil, Marie, , ,

Mailing Address 93 Stuyvesant Ave

City
MasticState
NYZip Code
11950-2417FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Luxor Nursing and Rehabilitation at SaOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390514

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mesa, Jose, , ,Mailing Address 1020 Grand Concourse
Apt 20DCity
BronxState
NYZip Code
10451-2638FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390515

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Michel, Junior, , ,Mailing Address 13711 249th St
NullCity
RosedaleState
NYZip Code
11422-2241FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United Cerebral Palsy Association of NOccupation (for Individual)
Direct Care Counselor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390516

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 199 OF 323
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Middleton, Arshma, , ,Mailing Address 89 Van Cortlandt Pk Ave
Apt 2City
YonkersState
NYZip Code
10701-7653FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yonkers Gardens Center for NursingOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390517

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Miller, Marcus, , ,Mailing Address 941 Washington Avenue
Apt 3CCity
BrooklynState
NYZip Code
11225FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Legal Aid SocietyOccupation (for Individual)
Paralegal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : 6390518

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Miller, Natalie, , ,Mailing Address 108 Moffat St
Apt PVTCity
BrooklynState
NYZip Code
11207-1421FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAGNY - Harlem Hosp Columbia Univ AffiOccupation (for Individual)
Special Procedure Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390519

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Millman, Stacey, , ,

Mailing Address PO Box 74

City
CochectonState
NYZip Code
12726-0074FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Benefit Fund-1199Occupation (for Individual)
Chief Member Exprience Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390520

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mingle, Meldrick, , ,Mailing Address 763 E 224th St
NullCity
BronxState
NYZip Code
10466-4205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Senior Dietary Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390521

Amount of Each Receipt this Period

34.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mingo, Rachel, , ,Mailing Address 223 Chelsea Pl
Apt 1City
BuffaloState
NYZip Code
14211-1003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Grand Rehab and Nursing at DelawarOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390522

Amount of Each Receipt this Period

36.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

270.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Miranda, Nancy, , ,Mailing Address 2970 Marion Ave
Apt 4BCity
BronxState
NYZip Code
10458-2258FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia UniversityOccupation (for Individual)
Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390523

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mohammed, Rabiatu, , ,Mailing Address 2479 University Ave
Apt 34City
BronxState
NYZip Code
10468-5686FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Customer Services Liaison

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390524

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moncion, Francisco, , ,Mailing Address 11 Granada Cres
Apt 5City
White PlainsState
NYZip Code
10603-1216FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
White Plains HospitalOccupation (for Individual)
Building Services Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390526

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moncion, Francisco, , ,Mailing Address 11 Granada Cres
Apt 5City
White PlainsState
NYZip Code
10603-1216FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
White Plains HospitalOccupation (for Individual)
Building Services Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390525

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Moncion, Francisco, , ,Mailing Address 11 Granada Cres
Apt 5City
White PlainsState
NYZip Code
10603-1216FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
White Plains HospitalOccupation (for Individual)
Building Services Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390527

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Monereau, Marie, , ,

Mailing Address 122 Ridgeline Dr

City
PoughkeepsieState
NYZip Code
12603-6276FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390528

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Montalvo, Giovanni, , ,Mailing Address 183 Boerum St
NullCity
BrooklynState
NYZip Code
11206-2746FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)
Patient Navigator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390529

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Montilla, Jeannette, , ,Mailing Address 1435 Ogden Ave
Apt 1ACity
BronxState
NYZip Code
10452-2301FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Support Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390530

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Morais, Julieta, , ,Mailing Address 20 Porach St
Apt 3BCity
YonkersState
NYZip Code
10701-6084FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Care PavilionOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390531

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moran-Sandoval, Erika, , ,Mailing Address 45 Boltis St
Null

City

Mount Kisco

State

NY

Zip Code

10549-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St Barnabas Hospital

Occupation (for Individual)

Medical Assistant

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390532

Amount of Each Receipt this Period

46.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Moreno Castillo, Yuleisi, , ,Mailing Address 15 Vermilyea Ave
Apt 24

City

New York

State

NY

Zip Code

10034-5418

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Beth Israel Medical Center

Occupation (for Individual)

Certified Surgical Technician

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390534

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moreno, Charet, , ,Mailing Address 580 W 172nd St
Apt 3C

City

New York

State

NY

Zip Code

10032-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Heritage Health & Housing, Inc.

Occupation (for Individual)

Medical Assistant

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390533

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Morgan, Cyril, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 02 / 2024 Transaction ID : 6390535	
Mailing Address 919 E 101st St		Amount of Each Receipt this Period 40.00	
City Brooklyn	State NY	Zip Code 11236-2617	☐ Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Retired	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Morgan, Latoya, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 17 / 2024 Transaction ID : 6390536	
Mailing Address 257 Grafton St Apt 1A		Amount of Each Receipt this Period 40.00	
City Brooklyn	State NY	Zip Code 11212-4016	☐ Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) NYU Langone Brooklyn Hospital		Occupation (for Individual) Administrative Manager	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Morillo, Robert, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2024 Transaction ID : 6390537	
Mailing Address 3075 Heath Ave Apt 1B		Amount of Each Receipt this Period 30.00	
City Bronx	State NY	Zip Code 10463-5844	☐ Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Heritage Health & Housing, Inc.		Occupation (for Individual) Patient Care Associate	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)		Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional).....▶		110.00	
TOTAL This Period (last page this line number only).....▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Morillo, Robert, , ,Mailing Address 3075 Heath Ave
Apt 1BCity
BronxState
NYZip Code
10463-5844FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Heritage Health & Housing, Inc.Occupation (for Individual)
Patient Care Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390538

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Morning, Traniah, , ,

Mailing Address 20 Greenapple Ct

City
BaltimoreState
MDZip Code
21207-4488FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forest Haven Nursing and Rehab FacilitOccupation (for Individual)
Department Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390539

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Morning, Traniah, , ,

Mailing Address 20 Greenapple Ct

City
BaltimoreState
MDZip Code
21207-4488FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forest Haven Nursing and Rehab FacilitOccupation (for Individual)
Department Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390540

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X)
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☒ 11a	☐ 11b	☐ 11c	☐ 12
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Morrison, Marceline, , ,Mailing Address 1461 E 104th St
NullCity
BrooklynState
NYZip Code
11236-4515FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Transporter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.86

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390541

Amount of Each Receipt this Period

43.05

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Morrison, Marceline, , ,Mailing Address 1461 E 104th St
NullCity
BrooklynState
NYZip Code
11236-4515FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Transporter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.86

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390542

Amount of Each Receipt this Period

43.05

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Morrison, Marceline, , ,Mailing Address 1461 E 104th St
NullCity
BrooklynState
NYZip Code
11236-4515FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Transporter

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

239.86

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390543

Amount of Each Receipt this Period

43.05

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

129.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moussa, Mai, , ,

Mailing Address 11146 117Th St South Ozone Park

City
South Ozone ParkState
NYZip Code
11420FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Phlebotomist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390544

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Munoz, Juliana, , ,Mailing Address 377 E 158th St
Apt 1City
BronxState
NYZip Code
10451-5497FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
People CareOccupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390545

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Murphy, Lourdes, , ,Mailing Address 1718 Edison Ave
NullCity
BronxState
NYZip Code
10461-4806FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Phlebotomist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390546

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Myers, O'Ryan, , ,

Mailing Address 385 Bayview Ave

City
InwoodState
NYZip Code
11096-1938FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brookhaven Rehab and Health Care CenteOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390547

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nadler, Jennifer, , ,Mailing Address 15 Washington Ave
Apt 212City
SuffernState
NYZip Code
10901-4637FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan HospitalOccupation (for Individual)
Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390548

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nagendra, Harry, , ,Mailing Address 1580 President St
Apt 19City
BrooklynState
NYZip Code
11213-4767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia UniversityOccupation (for Individual)
Research Employee

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390549

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Najab, Kathleen, , ,

Mailing Address 460 Grant Ave

City
BrooklynState
NYZip Code
11208-3039FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NYU Langone Brooklyn HospitalOccupation (for Individual)
Contract Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390550

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nanku, Laltapersad, , ,Mailing Address 1259 Leland Ave
Apt A4City
BronxState
NYZip Code
10472-4856FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Phlebotomist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390551

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Naron, Ferdinand, , ,Mailing Address 19 Montclair Rd
NullCity
YonkersState
NYZip Code
10710-2821FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yonkers Gardens Center for Nursing & ROccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390552

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nash, Katrice, , ,Mailing Address 3326 White Plains Rd
Apt 4RCity
BronxState
NYZip Code
10467-5759FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Barnabas HospitalOccupation (for Individual)
Housekeeping

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390554

Amount of Each Receipt this Period

43.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nash, Katrice, , ,Mailing Address 3326 White Plains Rd
Apt 4RCity
BronxState
NYZip Code
10467-5759FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Barnabas HospitalOccupation (for Individual)
Housekeeping

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390553

Amount of Each Receipt this Period

43.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Naughton, Nancy, , ,Mailing Address PO Box 504
NullCity
East MorichesState
NYZip Code
11940-0504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southampton HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390555

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

126.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Navarro, Karina, , ,Mailing Address 20 Father Capodanno Blvd
Apt 7NCity
Staten IslandState
NYZip Code
10305-4834FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Planned Parenthood of Greater New YorkOccupation (for Individual)
Patient Care Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390556

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nazario, Yazmin, , ,Mailing Address 1686 Randall Ave
Apt 6DCity
BronxState
NYZip Code
10473-4257FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Certified Surgical Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390557

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ndiaye, Khady, , ,Mailing Address 2558 Hone Ave
NullCity
BronxState
NYZip Code
10469-4402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Workmens CircleOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : 6390558

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Necoara, Veronica, , ,Mailing Address 100 New Roc City Plz
Apt 303City
New RochelleState
NYZip Code
10801-6537FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Dietitian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390559

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Neil, Romario, , ,

Mailing Address 10545 Flatland 4Th St

City
BrooklynState
NYZip Code
11236FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai MorningsideOccupation (for Individual)
Transporter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390560

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nelson, Cinthia, , ,Mailing Address 878 Lenox Rd
NullCity
BrooklynState
NYZip Code
11203-2570FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Vincent's Hospital-WestchesterOccupation (for Individual)
Special Care Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390561

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nelson, Katharine, , ,Mailing Address 42 Hillsdale Dr
NullCity
SussexState
NJZip Code
07461-4026FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bon Secours Community HospitalOccupation (for Individual)
Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390562

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nieves, Rebecca, , ,

Mailing Address 436 Quincy Ave

City
BronxState
NYZip Code
10465-2908FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BronxCare Health SystemOccupation (for Individual)
Contract Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : 6390563

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Noel-Jeune, Rootchild, , ,Mailing Address 34 Twin Lakes Dr
NullCity
AirmontState
NYZip Code
10952-4416FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blythedale Children's HospitalOccupation (for Individual)
Respiratory Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390564

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

95.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nugent, Nodine, , ,

Mailing Address 147 -15 259 St

City
RosedaleState
NYZip Code
11422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fairview Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390565

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Obas, Esdras, , ,Mailing Address 1338 E 98th St
NullCity
BrooklynState
NYZip Code
11236-4404FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Civil Service PharmacistsOccupation (for Individual)
Health System Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390566

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Oduro, Ishmeal, , ,Mailing Address 100 De Kruif Pl
Apt 5DCity
BronxState
NYZip Code
10475-2446FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
MRI Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390567

Amount of Each Receipt this Period

60.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Oduro, Ishmeal, , ,Mailing Address 100 De Kruif Pl
Apt 5DCity
BronxState
NYZip Code
10475-2446FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
MRI Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390568

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Oduro-Kwakye, Edward, , ,Mailing Address 100 Debs Pl
Apt 4ECity
BronxState
NYZip Code
10475-2523FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Promesa Inc & Casa Promesa (Acacia NetOccupation (for Individual)
Physician Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : 6390570

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Oduro-Kwakye, Edward, , ,Mailing Address 100 Debs Pl
Apt 4ECity
BronxState
NYZip Code
10475-2523FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Promesa Inc & Casa Promesa (Acacia NetOccupation (for Individual)
Physician Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : 6390569

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ogboe, Patti, , ,

Mailing Address 224 Jackson Ave

City
BridgeportState
CTZip Code
06606-5539FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2024

Transaction ID : 6390571

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Olibrice, Elisabeth, , ,Mailing Address 18830 87th Dr
Apt 3NCity
HollisState
NYZip Code
11423-1945FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Nursing Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2024

Transaction ID : 6390572

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Olibrice, Elisabeth, , ,Mailing Address 18830 87th Dr
Apt 3NCity
HollisState
NYZip Code
11423-1945FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Nursing Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2024

Transaction ID : 6390573

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Oliver-Pierre, Rose, , ,Mailing Address 21 Brewster St
Apt 144City
Glen CoveState
NYZip Code
11542-2506FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emerge Nursing and Rehabilitation at GOccupation (for Individual)
Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390574

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Opare, Samuel, , ,Mailing Address 100 Herriot St
Apt 4JCity
YonkersState
NYZip Code
10701-4727FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Care PavilionOccupation (for Individual)
Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390575

Amount of Each Receipt this Period

6.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Orama, Antonio, , ,Mailing Address 225 E 149th St
Apt 9HCity
BronxState
NYZip Code
10451-5528FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore-Wakefield CampusOccupation (for Individual)
Housekeeping Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390576

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

56.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ortega, Dinorah, , ,Mailing Address 390 Georgia Ave
Apt 6GCity
BrooklynState
NYZip Code
11207-4663FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
B.H.R.A.G.S. Home CareOccupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390577

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ortiz, Heriberto, , ,

Mailing Address 1175 Gerard Ave

City
BronxState
NYZip Code
10452-8357FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390578

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Otero, Elsie, , ,

Mailing Address 6101 17th St

City
ZephyrhillsState
FLZip Code
33542-2694FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390579

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Owusu-Mensah, Eugene, , ,Mailing Address 2068 Washington Ave
NullCity
BronxState
NYZip Code
10457-3282FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Civil Service PharmacistsOccupation (for Individual)
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390580

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Owysu, Agnes, , ,Mailing Address 215 E 197th St
Apt 1BCity
BronxState
NYZip Code
10458-3220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Schervier Nursing Care CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : 6390581

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ozoria, Gavin, , ,Mailing Address 11135 Francis Lewis Blvd
NullCity
Queens VillageState
NYZip Code
11429-1717FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Hospital of QueensOccupation (for Individual)
Housekeeping Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390582

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Paisley, Velma, , ,Mailing Address 11140 178th St
NullCity
JamaicaState
NYZip Code
11433-4116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Silvercrest Extended Care FacilityOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390583

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Palackal, Jessy, , ,

Mailing Address 307 Wyndcliffe Rd

City
ScarsdaleState
NYZip Code
10583-4832FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St John's Riverside HospitalOccupation (for Individual)
Registered Respiratory Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390585

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Palackal, Jessy, , ,

Mailing Address 307 Wyndcliffe Rd

City
ScarsdaleState
NYZip Code
10583-4832FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St John's Riverside HospitalOccupation (for Individual)
Registered Respiratory Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390584

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Palazzola, Valerie, , ,

Mailing Address 140 Debs Pl

Null

City
BronxState
NYZip Code
10475-2546FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Morningside HouseOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390586

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pallani, Diana, , ,

Mailing Address 618 Yonkers Ave

Apt 2A

City
YonkersState
NYZip Code
10704-2632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Phlebotomist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390587

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Palmer Oregon, Leoyda, , ,

Mailing Address 3022 Cortelyou Rd

Apt 2F

City
BrooklynState
NYZip Code
11226-6420FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
B.H.R.A.G.S. Home CareOccupation (for Individual)
Home Health Aid

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390588

Amount of Each Receipt this Period

45.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

105.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Parkes, Daphne, , ,

Mailing Address 110 Arlington Pl

City
Staten IslandState
NYZip Code
10303-1608FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stella Orton Home Care AgencyOccupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390589

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Parris, Melanie, , ,

Mailing Address 13123 222nd St

City
LaureltonState
NYZip Code
11413-1645FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Highfield GardensOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390590

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pascal, Sharice, , ,

Mailing Address 620 Linden Blvd

Null

City
BrooklynState
NYZip Code
11203-3140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Nutrition Host

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390591

Amount of Each Receipt this Period

34.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

174.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 224 OF 323
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Patel, Lina, , ,Mailing Address 36 Rhyan Dr
NullCity
ParsippanyState
NJZip Code
07054-3447FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Clinical Lab Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390592

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Paul, Yanick, , ,

Mailing Address 1414 E 55th St

City
BrooklynState
NYZip Code
11234-3328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
B.H.R.A.G.S. Home CareOccupation (for Individual)
Home Health Aid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390593

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Paurom, Yvonne, , ,Mailing Address 76 Little St
NullCity
BellevilleState
NJZip Code
07109-3242FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)
Patient Care Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390594

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pearson, Kinniece, , ,

Mailing Address 70 Fairview Blvd

City
HempsteadState
NYZip Code
11550-2902FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAGNY - Correctional Health Svcs.Occupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390595

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pena, Jasmin, , ,Mailing Address 122 S Broadway
Apt 2ACity
YonkersState
NYZip Code
10701-4044FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Joseph's Medical CenterOccupation (for Individual)
Health Facilitator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390596

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pena, Jasmin, , ,Mailing Address 122 S Broadway
Apt 2ACity
YonkersState
NYZip Code
10701-4044FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Joseph's Medical CenterOccupation (for Individual)
Health Facilitator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390597

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pena, Jessica, , ,

Mailing Address 435 W 31ST St

Null

City

New York

State

NY

Zip Code

10001

FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Mount Sinai Beth Israel Medical Center

Occupation (for Individual)

Secretary

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2024

Transaction ID : 6390598

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Perez, Dora, , ,

Mailing Address 238 W 106th St

Apt 2B

City

New York

State

NY

Zip Code

10025-3509

FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Mount Sinai West

Occupation (for Individual)

Emergency Medical Technician

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2024

Transaction ID : 6390599

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Perez, Lizette, , ,

Mailing Address 2130 E Tremont Ave

Apt 4A

City

Bronx

State

NY

Zip Code

10462-5711

FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Montefiore Hospital

Occupation (for Individual)

Senior Clerk

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2024

Transaction ID : 6390600

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Perry, Tiffany, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2024 Transaction ID : 6390601
Mailing Address 4402 Quarles St NE Apt 23		Amount of Each Receipt this Period 40.00
City Washington	State DC	Zip Code 20019-2070
FEC ID number of contributing federal political committee. C		☐ Memo Item
Name of Employer (for Individual) University of Maryland		
Occupation (for Individual) Unit Clerk		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Perry, Tiffany, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2024 Transaction ID : 6390602
Mailing Address 4402 Quarles St NE Apt 23		Amount of Each Receipt this Period 40.00
City Washington	State DC	Zip Code 20019-2070
FEC ID number of contributing federal political committee. C		☐ Memo Item
Name of Employer (for Individual) University of Maryland		
Occupation (for Individual) Unit Clerk		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Peterkin, Anton, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2024 Transaction ID : 6390603
Mailing Address 424 Irving Ave Null		Amount of Each Receipt this Period 40.00
City Brooklyn	State NY	Zip Code 11237-6013
FEC ID number of contributing federal political committee. C		☐ Memo Item
Name of Employer (for Individual) Mount Sinai West		
Occupation (for Individual) Patient Care Associate		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)		Aggregate Year-to-Date ▼ 240.00
SUBTOTAL of Receipts This Page (optional).....▶		120.00
TOTAL This Period (last page this line number only).....▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 228 OF 323
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☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Pham, My, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2024 Transaction ID : 6390604	
Mailing Address 128 Audley St Null		Amount of Each Receipt this Period 40.00	
City Richmond Hill	State NY	Zip Code 11418-1005	☐ Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) New York Presbyterian-Queens		Occupation (for Individual) Registered Nurse	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pham, My, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2024 Transaction ID : 6390605	
Mailing Address 128 Audley St Null		Amount of Each Receipt this Period 40.00	
City Richmond Hill	State NY	Zip Code 11418-1005	☐ Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) New York Presbyterian-Queens		Occupation (for Individual) Registered Nurse	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Pham, Vy, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2024 Transaction ID : 6390606	
Mailing Address 411 W 44th St Apt 10		Amount of Each Receipt this Period 20.00	
City New York	State NY	Zip Code 10036-4417	☐ Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Health And Hospital Corporation		Occupation (for Individual) Clinical Lab Technologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)		Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional).....▶		100.00	
TOTAL This Period (last page this line number only).....▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Philippe, Jeanne, , ,Mailing Address 17242 133rd Ave
Apt GACity
JamaicaState
NYZip Code
11434-3905FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fairview Nursing HomeOccupation (for Individual)
Orderly

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390607

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pierre, Evelyne, , ,

Mailing Address 1372 Malta St

City
ElmontState
NYZip Code
11003-2530FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Highfield GardensOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.43

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390609

Amount of Each Receipt this Period

40.79

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pierre, Evelyne, , ,

Mailing Address 1372 Malta St

City
ElmontState
NYZip Code
11003-2530FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Highfield GardensOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

242.43

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390608

Amount of Each Receipt this Period

40.79

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

101.58

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pierre, Ghislaine, , ,Mailing Address 1655 Flatbush Ave
Apt B1701City
BrooklynState
NYZip Code
11210-3287FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390610

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pierre, Soeurette, , ,

Mailing Address 17146 119th Rd

City
JamaicaState
NYZip Code
11434-2248FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fairview Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390611

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pierre, Yanick, , ,

Mailing Address 782 Fast Meadow Ave

City
East MeadowState
NYZip Code
11554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Point Plaza Nursing & Rehab Ctr.Occupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390612

Amount of Each Receipt this Period

34.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

94.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pipkin, Cheryln, , ,Mailing Address 8105 Richard Dr
NullCity
ForestvilleState
MDZip Code
20747-2513FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Department of Behavioral HealthOccupation (for Individual)
Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390614

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pipkin, Cheryln, , ,Mailing Address 8105 Richard Dr
NullCity
ForestvilleState
MDZip Code
20747-2513FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Department of Behavioral HealthOccupation (for Individual)
Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390613

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pitt, Vesta, , ,Mailing Address 17 Vandalia Ave
Apt 2DCity
BrooklynState
NYZip Code
11239-1017FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390615

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pittman, Darrell, , ,Mailing Address 481 New Hwy
NullCity
CopiagueState
NYZip Code
11726-1027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arch Care-Mary Manning Walsh Nursing HOccupation (for Individual)
Maintenance Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390616

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Plester, Yohana, , ,Mailing Address 28 Clifford St
NullCity
LynbrookState
NYZip Code
11563-1914FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Child Center of NYOccupation (for Individual)
Intake Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390617

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Plester, Yohana, , ,Mailing Address 28 Clifford St
NullCity
LynbrookState
NYZip Code
11563-1914FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Child Center of NYOccupation (for Individual)
Intake Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390618

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Plester, Yohana, , ,Mailing Address 28 Clifford St
NullCity
LynbrookState
NYZip Code
11563-1914FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Child Center of NYOccupation (for Individual)
Intake Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390619

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Plummer, Lorna, , ,

Mailing Address 1310 Center St

City
UnionState
NJZip Code
07083-3914FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stella Orton Home Care AgencyOccupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390620

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Poliivets, Yuliya, , ,Mailing Address 2008 Ocean Ave
Apt PH2City
BrooklynState
NYZip Code
11230-7415FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai BrooklynOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390621

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ponomarenko, Nina, , ,

Mailing Address 169 Cedar Ave

City
Staten IslandState
NYZip Code
10305-4531FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stella Orton Home Care AgencyOccupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390622

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Porfidia, Domenick, , ,Mailing Address 1165 Crosby Ave
1City
BronxState
NYZip Code
10461-6127FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence Rest Nursing HomeOccupation (for Individual)
Cook

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390623

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Porras, Jonathan, , ,Mailing Address 149 E Fulton St
NullCity
Long BeachState
NYZip Code
11561-2270FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Ave Ext CareOccupation (for Individual)
Food Service Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390624

Amount of Each Receipt this Period

45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Previti, Lia, , ,Mailing Address 2224 Mt Hope Rd
Apt 3City
MiddletownState
NYZip Code
10940-7391FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bon Secours Community HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390625

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pucci, Debra, , ,Mailing Address 888 Union St
Apt D4City
BrooklynState
NYZip Code
11215-1500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390626

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Quince Johnson, Shirley, , ,

Mailing Address 2031 W Saratoga St

City
BaltimoreState
MDZip Code
21223-1505FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forest Haven Nursing and Rehab FacilitOccupation (for Individual)
Medication Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390628

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

120.00

SCHEDULE A (FEC Form 3X)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Quince Johnson, Shirley, , ,

Mailing Address 2031 W Saratoga St

City
BaltimoreState
MDZip Code
21223-1505FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forest Haven Nursing and Rehab FacilitOccupation (for Individual)
Medication Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390627

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Quintanilla, Mariela, , ,Mailing Address 624 W 176th St
Apt 2City
New YorkState
NYZip Code
10033-7824FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Union Community Health CenterOccupation (for Individual)
Medical Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390629

Amount of Each Receipt this Period

92.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rabbie, Nadia, , ,Mailing Address 10425 Farmers Blvd
NullCity
Saint AlbansState
NYZip Code
11412-1040FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Blood Bank Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390630

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

152.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rai, Bena, , ,

Mailing Address 14403 105th Ave

Null

City
JamaicaState
NYZip Code
11435-4904FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)
Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390631

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rames, Claudia, , ,

Mailing Address 2407 Walton Ave

Apt 2F

City
BronxState
NYZip Code
10468-6406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Barnabas HospitalOccupation (for Individual)
Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390632

Amount of Each Receipt this Period

46.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rames, Daniel, , ,

Mailing Address 2374 University Ave

Apt 32

City
BronxState
NYZip Code
10468-6236FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Barnabas HospitalOccupation (for Individual)
Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

239.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390633

Amount of Each Receipt this Period

46.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

142.15

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ramirez, Tamikia, , ,Mailing Address 3530 Rochambeau Ave
Apt 2BCity
BronxState
NYZip Code
10467-1395FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Financial Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390634

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ramkissoon, Sunita, , ,Mailing Address 2125 Rockaway Pkwy
Apt 7ACity
BrooklynState
NYZip Code
11236-5807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai WestOccupation (for Individual)
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390635

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ramos, Brenda, , ,Mailing Address 8908 201st St
Apt PHCity
HollisState
NYZip Code
11423-2106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Child Center of NYOccupation (for Individual)
Mental Health Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390636

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ramos, Brenda, , ,Mailing Address 8908 201st St
Apt PHCity
HollisState
NYZip Code
11423-2106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Child Center of NYOccupation (for Individual)
Mental Health Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390637

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ramos, Brenda, , ,Mailing Address 8908 201st St
Apt PHCity
HollisState
NYZip Code
11423-2106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Child Center of NYOccupation (for Individual)
Mental Health Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390638

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ramoutar, Anjanie, , ,Mailing Address 20210 99th Ave
NullCity
HollisState
NYZip Code
11423-3400FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Mary's Hospital For Children, INCOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : 6390639

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ranson, Tachae, , ,

Mailing Address 3931 Stokes Dr

City
BaltimoreState
MDZip Code
21229-1977FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forest Haven Nursing and Rehab FacilitOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390641

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ranson, Tachae, , ,

Mailing Address 3931 Stokes Dr

City
BaltimoreState
MDZip Code
21229-1977FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forest Haven Nursing and Rehab FacilitOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390640

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rashid, Sanjida, , ,Mailing Address 9705 25th Ave
1City
East ElmhurstState
NYZip Code
11369-1638FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rite AidOccupation (for Individual)
Lead Service Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390642

Amount of Each Receipt this Period

45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rashid, Sanjida, , ,Mailing Address 9705 25th Ave
1City
East ElmhurstState
NYZip Code
11369-1638FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rite AidOccupation (for Individual)
Lead Service Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390644

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rashid, Sanjida, , ,Mailing Address 9705 25th Ave
1City
East ElmhurstState
NYZip Code
11369-1638FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rite AidOccupation (for Individual)
Lead Service Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : 6390643

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rashid, Sanjida, , ,Mailing Address 9705 25th Ave
1City
East ElmhurstState
NYZip Code
11369-1638FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rite AidOccupation (for Individual)
Lead Service Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390645

Amount of Each Receipt this Period

45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reed-Cooper, Kenneth, , ,Mailing Address 1309 5th Ave
Apt 8HCity
New YorkState
NYZip Code
10029-3124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai WestOccupation (for Individual)
Food & Nutrition Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390646

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reeves, Victoria, , ,Mailing Address 225 Park Hill Ave
Apt 1SCity
Staten IslandState
NYZip Code
10304-4735FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VNS Health, Personal CareOccupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390647

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reeves, Victoria, , ,Mailing Address 225 Park Hill Ave
Apt 1SCity
Staten IslandState
NYZip Code
10304-4735FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VNS Health, Personal CareOccupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : 6390648

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reid, Ashley, , ,Mailing Address 3041 Holland Ave
Apt 35NCity
BronxState
NYZip Code
10467-8694FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Schervier Nursing Care CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : 6390649

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reid, Juliet, , ,Mailing Address 120 Benchley Pl
Apt 32CCity
BronxState
NYZip Code
10475-3413FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yonkers Gardens Center for NursingOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390650

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reiter, Teresa, , ,Mailing Address 411 E 83rd St
Apt 4ACity
New YorkState
NYZip Code
10028-6105FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Planned Parenthood of Greater New YorkOccupation (for Individual)
Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390651

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rey, Donna, , ,Mailing Address 527 Old Bridge Tpke
Unit 4117City
East BrunswickState
NJZip Code
08816-1963FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
1199 National Benefit FundOccupation (for Individual)
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390652

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reynolds, Jenny, , ,Mailing Address 27 Warren St
Apt 4CCity
Staten IslandState
NYZip Code
10304-2534FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Planned Parenthood of Greater New YorkOccupation (for Individual)
Patient Care Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390653

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reynolds, Marah Jeune, , ,Mailing Address 320 Beach 100Th St
Apt 5LCity
Rockaway ParkState
NYZip Code
11694-2803FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Five Towns Premier Rehab & Nursing CenOccupation (for Individual)
Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390654

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rhoden, Michelle, , ,Mailing Address 34 Georgia Ave
NullCity
BrooklynState
NYZip Code
11207-2417FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NY Presbyterian-Brooklyn Methodist HosOccupation (for Individual)
Environmental Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390655

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Richards, Elorraine, , ,

Mailing Address 867 E 94th St

City
BrooklynState
NYZip Code
11236-2003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brookdale Hospital Medical CenterOccupation (for Individual)
Respiratory Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390656

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Richards, Ingrid, , ,

Mailing Address 16410 119th Ave

Null

City
JamaicaState
NYZip Code
11434-5701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nassau Ext. CareOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390657

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 246 OF 323
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Richards, Ingrid, , ,Mailing Address 16410 119th Ave
NullCity
JamaicaState
NYZip Code
11434-5701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nassau Ext. CareOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390658

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rimpel, Alasia, , ,Mailing Address 2750 Homecrest Ave
Apt 403City
BrooklynState
NYZip Code
11235-4648FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maimonides Midwood Community HospitalOccupation (for Individual)
Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390659

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rimpel, Alasia, , ,Mailing Address 2750 Homecrest Ave
Apt 403City
BrooklynState
NYZip Code
11235-4648FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maimonides Midwood Community HospitalOccupation (for Individual)
Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : 6390660

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rivera De Jimenez, Patricia, , ,

Mailing Address 163 W Chester St

City
Long BeachState
NYZip Code
11561-1912FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Ave Ext CareOccupation (for Individual)
Food Service Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390664

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rivera, Nancy, , ,Mailing Address 454 E 148th St
Apt 3ACity
BronxState
NYZip Code
10455-2853FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Senior Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390661

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rivera, Neyra, , ,Mailing Address 135 Glendale Park
NullCity
RochesterState
NYZip Code
14613-2240FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Rochester Med. CenterOccupation (for Individual)
Environmental Service Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390662

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rivera, Omar, , ,

Mailing Address 1770 Mahan Ave

Null

City
BronxState
NYZip Code
10461-4917FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence Rest Nursing HomeOccupation (for Individual)
Service Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390663

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Robert, Fabienne, , ,

Mailing Address 48 Winthrop St

Null

City
HempsteadState
NYZip Code
11550-6854FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Care, INC.Occupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390665

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Robinson, Darryl, , ,

Mailing Address 2855 8th Ave

FI 1

City
JamaicaState
NYZip Code
11434FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Heritage Health & Housing, Inc.Occupation (for Individual)
Housekeeper

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390666

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Robinson, Darryl, , ,Mailing Address 2855 8th Ave
Fl 1City
JamaicaState
NYZip Code
11434FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Heritage Health & Housing, Inc.Occupation (for Individual)
Housekeeper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390667

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Robinson, Vivienne, , ,Mailing Address 2021 Seagirt Blvd
Apt 1D

City

Far Rockaway

State
NYZip Code
11691-2901FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390668

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rodas-Argueta, Virginia, , ,

Mailing Address 465 Moriches Rd

City

Saint James

State
NYZip Code
11780-2013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medford Multi Care CenterOccupation (for Individual)
Nursing Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390669

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rodriguez, Lisa, , ,

Mailing Address 2 Bronner Rd

City
BloomingtonState
NYZip Code
12721-4501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390670

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rodriguez, Yinelsi, , ,Mailing Address 75 Hearst St
NullCity
YonkersState
NYZip Code
10703-1025FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390671

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Romelus, Constance, , ,

Mailing Address 940 E 45th St

City
BrooklynState
NYZip Code
11203-6512FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390672

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Roque, Isabel, , ,Mailing Address 258 Sneden Pl W
NullCity
Spring ValleyState
NYZip Code
10977-3972FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Friedwald Center for Rehab & Nursing LOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390673

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rosado Delgado, Juan, , ,Mailing Address 4 Fairfield Cir
Apt 3BCity
BrentwoodState
NYZip Code
11717-4722FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PremierOccupation (for Individual)
Personal Care Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390674

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rosales, Arielis, , ,Mailing Address 40 Irving Ave
Apt 1LCity
BrooklynState
NYZip Code
11237-2310FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Child Center of NYOccupation (for Individual)
Licensed Master Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390675

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rosales, Arielis, , ,Mailing Address 40 Irving Ave
Apt 1LCity
BrooklynState
NYZip Code
11237-2310FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Child Center of NYOccupation (for Individual)
Licensed Master Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390676

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rosales, Arielis, , ,Mailing Address 40 Irving Ave
Apt 1LCity
BrooklynState
NYZip Code
11237-2310FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Child Center of NYOccupation (for Individual)
Licensed Master Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390677

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rosarion, Phedre Line, , ,

Mailing Address 1204 E 95th St

City
BrooklynState
NYZip Code
11236-3974FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NY Presbyterian-Brooklyn Methodist HosOccupation (for Individual)
Nurse Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390678

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ross, Destiny, , ,Mailing Address 2603 Cecil Ave
NullCity
BaltimoreState
MDZip Code
21218-4822FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Johns Hopkins HospitalOccupation (for Individual)
Unit Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390679

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ross-Welds, Chrystol, , ,Mailing Address 18 N Bond St
Apt 3B

City

Mount Vernon

State
NYZip Code
10550-2570FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St John's Riverside HospitalOccupation (for Individual)
Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390680

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rowe, Cislyn, , ,Mailing Address 3202 Hering Ave
Null

City

Bronx

State
NYZip Code
10469-5004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Glen Island Care CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390681

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rowe, Jayson, , ,

Mailing Address 4 Brookfield Rd

Null

City

Valley Stream

State

NY

Zip Code

11581-2926

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

South Oaks Hospital

Occupation (for Individual)

Licensed Master Social Worker

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390682

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ruperto Ruiz, Vilmaris, , ,

Mailing Address 102 Middlebury Rd

Null

City

Middlebury

State

CT

Zip Code

06762-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

New York Dialysis Management

Occupation (for Individual)

Licensed Practical Nurse

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : 6390683

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Saadallah, Najla, , ,

Mailing Address 521 Olympia Ave

City

Cliffside Park

State

NJ

Zip Code

07010-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Columbia University

Occupation (for Individual)

Research Employee

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390684

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sacko, Mariama, , ,Mailing Address 1680 Bedford Ave
Apt 14ECity
BrooklynState
NYZip Code
11225-2613FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai WestOccupation (for Individual)
Offsite Medical Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390685

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sadhoo, Lilawatie, , ,Mailing Address 136 Cruikshank Ave
NullCity
HempsteadState
NYZip Code
11550-5958FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Ave Ext CareOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390686

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Saint Hilaire, Laetitia, , ,Mailing Address 110 Union Rd
Apt 3MCity
Spring ValleyState
NYZip Code
10977-3425FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St John's Riverside HospitalOccupation (for Individual)
Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390687

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Saint-Vil, Bachelard, , ,Mailing Address 21121 90TH St
NullCity
Queens VillageState
NYZip Code
11428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Silvercrest Extended Care FacilityOccupation (for Individual)
Respiratory Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390688

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Salazar, Mark, , ,Mailing Address 75 Menahan St
1City
BrooklynState
NYZip Code
11221-4408FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)
Inventory Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390689

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Salmon, Doreen, , ,

Mailing Address 218 -35 112 Ave

City
Queens VillageState
NYZip Code
11429FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bridgeview Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390690

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Salmon, Doreen, , ,

Mailing Address 218 -35 112 Ave

City
Queens VillageState
NYZip Code
11429FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bridgeview Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390691

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Samalot, Alycia, , ,Mailing Address 128 Lawn Ter
Apt 2DCity
MamaroneckState
NYZip Code
10543-4035FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Medical CollegeOccupation (for Individual)
Veterinary Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390692

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sanders, Diane, , ,Mailing Address 2206 Cortelyou Rd
Apt 2City
BrooklynState
NYZip Code
11226-6115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390693

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sanon, Ritchie, , ,Mailing Address 9807 Avenue L
NullCity
BrooklynState
NYZip Code
11236-4433FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York PresbyterianOccupation (for Individual)
Emergency Medical Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390694

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Santiago, Katheryne, , ,Mailing Address 2733 Westervelt Ave
2City
BronxState
NYZip Code
10469-6123FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390695

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Santos, Andreina, , ,Mailing Address 567 W 187th St
Apt BCity
New YorkState
NYZip Code
10033-1354FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Lab Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390696

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Santos, Yendaliza, , ,Mailing Address 460 Audubon Ave
Apt C2City
New YorkState
NYZip Code
10040-4508FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Senior Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390697

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sappor, Jayson, , ,Mailing Address 4198 C Bronxwood Ave
NullCity
BronxState
NYZip Code
10466-3156FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Senior Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390698

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sebastian, Dominique, , ,Mailing Address 1099 Walton Ave
Apt 34City
BronxState
NYZip Code
10452-8923FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390699

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Seergy, Joan, , ,Mailing Address 137 88th St
Apt 4ECity
BrooklynState
NYZip Code
11209-5542FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NY Presbyterian-Brooklyn Methodist HosOccupation (for Individual)
Medical Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390700

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Serrano Medina, Haylet, , ,Mailing Address 2557 23rd St
Apt 1City
AstoriaState
NYZip Code
11102-2931FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
B.H.R.A.G.S. Home CareOccupation (for Individual)
Home Health Aid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390702

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Serrano, Joel, , ,Mailing Address 38 Chatsworth Pl
NullCity
New RochelleState
NYZip Code
10801-1315FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore-Wakefield CampusOccupation (for Individual)
Senior Admitting Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390701

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Service, Ivett, , ,Mailing Address 4055 Carpenter Ave
Apt 4CCity
BronxState
NYZip Code
10466-3670FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hebrew Home for the Aged LPNOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390703

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sewell, Winsome, , ,

Mailing Address 7 Carlyle Pl

City
HartsdaleState
NYZip Code
10530-1364FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Senior Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390704

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shade, Marilyn, , ,

Mailing Address 53 Sheridan St

City
IrvingtonState
NJZip Code
07111-2924FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VNS Health, Personal CareOccupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : 6390705

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sharpe, Kuwate, , ,Mailing Address 522 E 159th St
Apt ACity
BronxState
NYZip Code
10451-5584FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Civil Service PharmacistsOccupation (for Individual)
Laboratory Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390706

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shaw, Brendan, , ,

Mailing Address 36 Mallinson St

City

Allendale

State

NJ

Zip Code

07401-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SEIU-CC, LLCOccupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390707

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shaw-Hope, Shanna-Kay, , ,

Mailing Address 839 E 218th St

Apt 3F

City

Bronx

State

NY

Zip Code

10467-5833

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yonkers Gardens Center for Nursing & ROccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390708

Amount of Each Receipt this Period

60.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

180.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shearer-Walters, Mauvene, , ,Mailing Address 226 Court St
PhCity
West HavenState
CTZip Code
06516-4931FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kings Harbor Multicare CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390709

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shearer-Walters, Mauvene, , ,Mailing Address 226 Court St
PhCity
West HavenState
CTZip Code
06516-4931FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kings Harbor Multicare CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390710

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sherman, Jamila, , ,Mailing Address 203 Driscoll Ave
NullCity
SyracuseState
NYZip Code
13204-1535FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Crouse HospitalOccupation (for Individual)
Care Coordination Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390711

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 OF 323

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Simeon, Camesuze, , ,Mailing Address 92 Blauvelt Way
Apt 310City
SuffernState
NYZip Code
10901-4522FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390712

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Simms, Chante, , ,

Mailing Address 407 S Columbus Ave

City

Mount Vernon

State

NY

Zip Code

10553-1918

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Care PavilionOccupation (for Individual)
Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390713

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Simpson, Angella, , ,Mailing Address 154 Rockaway Pkwy
Apt 7B

City

Brooklyn

State

NY

Zip Code

11212-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390714

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Simpson, Keisha, , ,Mailing Address 11920 227th St
NullCity
Cambria HeightsState
NYZip Code
11411-2128FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390715

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Simpson, Keisha, , ,Mailing Address 11920 227th St
NullCity
Cambria HeightsState
NYZip Code
11411-2128FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390716

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Simpson, Lisa, , ,Mailing Address 451 Fulton Ave
AVEAPT624City
HempsteadState
NYZip Code
11550-4102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fulton CommonsOccupation (for Individual)
Activities Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390717

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 266 OF 323
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sinanaj, Xhevahire, , ,Mailing Address 1616 Lurting Ave
NullCity
BronxState
NYZip Code
10461-1512FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390718

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Singh, Nicholas, , ,Mailing Address 3306 Hull Ave
NullCity
BronxState
NYZip Code
10467-3306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Service Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390719

Amount of Each Receipt this Period

34.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Singh, Omeshwarie, , ,

Mailing Address 14307 Glassboro Ave

City
JamaicaState
NYZip Code
11435-5609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Brooklyn Hospital CenterOccupation (for Individual)
Clinical Laboratory Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390720

Amount of Each Receipt this Period

33.10

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

97.10

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Singh, Omeshwarie, , ,

Mailing Address 14307 Glassboro Ave

City
JamaicaState
NYZip Code
11435-5609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Brooklyn Hospital CenterOccupation (for Individual)
Clinical Laboratory Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390721

Amount of Each Receipt this Period

33.10

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Singh, Valerie, , ,Mailing Address 37 Duncan Ave
Apt 6KCity
Jersey CityState
NJZip Code
07304-2113FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Laboratory Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390722

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sinsmir, Rachelle, , ,Mailing Address 1073 E 92nd St
NullCity
BrooklynState
NYZip Code
11236-3490FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Haven Manor Health Related. FacilityOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390723

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

73.10

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sio, Florence, , ,Mailing Address 74 Dartmouth Loop
Fl 2City
Staten IslandState
NYZip Code
10306-4801FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stella Orton Home Care AgencyOccupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390724

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Small, Greg, , ,Mailing Address 15039 118th Ave
NullCity
JamaicaState
NYZip Code
11434-2030FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Blood CenterOccupation (for Individual)
Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390725

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smalls, Fatimah, , ,Mailing Address 144 W 144th St
Apt 5BCity
New YorkState
NYZip Code
10030-1375FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Nutrition Host

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390726

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smart, Dilworth, , ,

Mailing Address 13507 227th St

City
LaureltonState
NYZip Code
11413-2447FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fairview Nursing HomeOccupation (for Individual)
Cook

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390727

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smernoff, Brian, , ,

Mailing Address 77 -35 171 St

City
QueensState
NYZip Code
11366FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MontefioreOccupation (for Individual)
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390728

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Annakaye, , ,

Mailing Address 14828 Brookville Blvd

Null

City
RosedaleState
NYZip Code
11422-3200FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390729

Amount of Each Receipt this Period

34.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

154.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Annakaye, , ,Mailing Address 14828 Brookville Blvd
NullCity
RosedaleState
NYZip Code
11422-3200FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390730

Amount of Each Receipt this Period

34.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, Kieran, , ,Mailing Address 50 E 104th St
Apt 3ACity
New YorkState
NYZip Code
10029-4561FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Receiving Stores Attendant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390731

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Michell, , ,Mailing Address 150 E 182nd St
Apt 111City
BronxState
NYZip Code
10453-2336FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sprain Brook Manor NHOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390732

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

94.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Sandra, , ,Mailing Address 3349 Tiemann Ave
NullCity
BronxState
NYZip Code
10469-2721FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Patient Care Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390733

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sooknanan, Rohan, , ,Mailing Address 14502 Tuskegee Airmen Way
Apt 2FCity
JamaicaState
NYZip Code
11435-5177FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NY Presbyterian-Brooklyn Methodist HosOccupation (for Individual)
Storeroom Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390734

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sosa Santos, Albayris, , ,Mailing Address 3991 Paulding Ave
1City
BronxState
NYZip Code
10466-4715FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore-Wakefield CampusOccupation (for Individual)
Certified Delivery Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390735

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Soto, Donald, , ,

Mailing Address 94 Woodside Ave

City
BuffaloState
NYZip Code
14220-1907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaleida HealthOccupation (for Individual)
Nutritional Service Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390736

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Soto, Donald, , ,

Mailing Address 94 Woodside Ave

City
BuffaloState
NYZip Code
14220-1907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaleida HealthOccupation (for Individual)
Nutritional Service Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390737

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Soto, Enrique, , ,

Mailing Address 3100 Decatur Ave

Null

City
BronxState
NYZip Code
10467-4707FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Albert Einstein College of MedicineOccupation (for Individual)
Utility Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390738

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Soto, Tiffany, , ,

Mailing Address 115 -26 159 St

City
JamaicaState
NYZip Code
11434FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Laboratory Client Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390739

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Spence, Adrian, , ,Mailing Address 532 W 175th St
Apt 2City
New YorkState
NYZip Code
10033-8113FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Customer Services Liaison

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390740

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. St.Valliere, Regina, , ,Mailing Address 285 Lincoln Ave
NullCity
OrangeState
NJZip Code
07050-2373FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forest Hill Healthcare CenterOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390741

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stack, Angelica, , ,Mailing Address 524 E 236th St
Apt 2CCity
BronxState
NYZip Code
10470-2334FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Laboratory Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390742

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Steele Goulbourne, Maxine, , ,Mailing Address 9820 Glenwood Rd
PhCity
BrooklynState
NYZip Code
11236-2626FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Unlimited Care, Inc.Occupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : 6390743

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Steers, Krystal, , ,Mailing Address 19 Reilly Rd
NullCity
ChesterState
NYZip Code
10918-2636FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Blood CenterOccupation (for Individual)
Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390744

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Steinberg, Miriam, , ,Mailing Address 2649 E 65th St
NullCity
BrooklynState
NYZip Code
11234-6823FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAGNY-JACOBIOccupation (for Individual)
Physician Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390745

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Steinberg, Miriam, , ,Mailing Address 2649 E 65th St
NullCity
BrooklynState
NYZip Code
11234-6823FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAGNY-JACOBIOccupation (for Individual)
Physician Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390746

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Steinberg, Miriam, , ,Mailing Address 2649 E 65th St
NullCity
BrooklynState
NYZip Code
11234-6823FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAGNY-JACOBIOccupation (for Individual)
Physician Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390747

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stephenson, Sharon, , ,Mailing Address 524 Dyckman St
Fl 1City
PeekskillState
NYZip Code
10566-4636FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore New Rochelle HospitalOccupation (for Individual)
ER Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390748

Amount of Each Receipt this Period

51.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stoll, Michele, , ,

Mailing Address 115 Westgate Rd

City

Kenmore

State
NYZip Code
14217-2361FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaleida HealthOccupation (for Individual)
Medical Surgical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390749

Amount of Each Receipt this Period

36.92

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stoll, Michele, , ,

Mailing Address 115 Westgate Rd

City

Kenmore

State
NYZip Code
14217-2361FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaleida HealthOccupation (for Individual)
Medical Surgical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390750

Amount of Each Receipt this Period

36.92

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.18

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Straughn, Lolita, , ,

Mailing Address 14776 Edgewood St

City
RosedaleState
NYZip Code
11422-3208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390751

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Suckoo, Jacqueline, , ,Mailing Address 140 Alcott Pl
Apt 2KCity
BronxState
NYZip Code
10475-4347FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Patient Service Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390752

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sugg, Scott, , ,Mailing Address 12302 Jamaica Ave
Apt 2CCity
Richmond HillState
NYZip Code
11418-2663FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Transporter

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390753

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sugg, Scott, , ,Mailing Address 12302 Jamaica Ave
Apt 2CCity
Richmond HillState
NYZip Code
11418-2663FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian-QueensOccupation (for Individual)
Transporter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390754

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sulker, Sherry, , ,Mailing Address PO Box 100350
NullCity
BrooklynState
NYZip Code
11210-0350FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Civil Service PharmacistsOccupation (for Individual)
Dietitian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390755

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sun, Yin, , ,Mailing Address 14011 Mulberry Ave
NullCity
FlushingState
NYZip Code
11355-4142FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Highfield GardensOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390756

Amount of Each Receipt this Period

22.50

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

82.50

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Symes, Mirta, , ,Mailing Address 707 E 242nd St
Apt 5LCity
BronxState
NYZip Code
10470-1228FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence Rest Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390757

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tayette, Regine, , ,

Mailing Address 68 Ramapo Valley Rd

City

Mahwah

State

NJ

Zip Code

07430-1164

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blythedale Children's HospitalOccupation (for Individual)
Respiratory Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390758

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Taylor, Daisy, , ,Mailing Address 9036 144th Pl
Bsmt 4

City

Jamaica

State

NY

Zip Code

11435-4232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390759

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

182.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Taylor, Georgia, , ,Mailing Address 1309 Brunswick Ave
Null

City

Far Rockaway

State

NY

Zip Code

11691-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

VNS Health Personal Care

Occupation (for Individual)

Home Health Aid

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : 6390760

Amount of Each Receipt this Period

19.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Taylor, Jevan, , ,Mailing Address 30 Claremont Pl
FI 1

City

Mount Vernon

State

NY

Zip Code

10553-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Montefiore-Wakefield Campus

Occupation (for Individual)

Messenger

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390761

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Teche, Elizabeth, , ,Mailing Address 1506 Beaver Dam Ct
Null

City

Hanover

State

MD

Zip Code

21076-1277

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Forest Haven Nursing and Rehab Facilit

Occupation (for Individual)

Licensed Practical Nurse

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390763

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

99.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Teche, Elizabeth, , ,Mailing Address 1506 Beaver Dam Ct
NullCity
HanoverState
MDZip Code
21076-1277FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forest Haven Nursing and Rehab FacilitOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390762

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tehrani, Mahin, , ,Mailing Address 69 Richfield St
NullCity
PlainviewState
NYZip Code
11803-1438FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Civil Service PharmacistsOccupation (for Individual)
Dietitian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390764

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Terrigno, Sabrina, , ,Mailing Address 1152 Lake Ave
NullCity
ClarkState
NJZip Code
07066-2747FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Civil Service PharmacistsOccupation (for Individual)
Dietitian

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390765

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thai, Phillip, , ,Mailing Address 2352 E 29th St
NullCity
BrooklynState
NYZip Code
11229-5028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Civil Service PharmacistsOccupation (for Individual)
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390766

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thomas, Nelvin, , ,

Mailing Address 79 Phillips Hill Rd

City
New CityState
NYZip Code
10956-4113FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390767

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thompson, Taddeus, , ,Mailing Address 9922 67th Rd
Apt 8ACity
Forest HillsState
NYZip Code
11375-3083FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390768

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thompson, Tresha-Ann, , ,Mailing Address 718 E 218th St
NullCity
BronxState
NYZip Code
10467-5804FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Clerk Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390769

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tillman, Erica, , ,

Mailing Address 618 Darlington Rd

City
SyracuseState
NYZip Code
13208-2433FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Park RehabOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

557.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390770

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tingling, Ronald, , ,Mailing Address 10 Weldon St
NullCity
IslipState
NYZip Code
11751-1010FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medford Multi Care CenterOccupation (for Individual)
Nursing Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390771

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Tioship, Jose, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2024 Transaction ID : 6390772	
Mailing Address 17025 88th Ave Null			Amount of Each Receipt this Period 20.00	
City Jamaica	State NY	Zip Code 11432-4561	☐ Memo Item	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 210.00		
Name of Employer (for Individual) Fairview Nursing Home		Occupation (for Individual) Cook		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tisdale, James, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2024 Transaction ID : 6390773	
Mailing Address 3 Coolidge St			Amount of Each Receipt this Period 100.00	
City Haverstraw	State NY	Zip Code 10927-1012	☐ Memo Item	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00		
Name of Employer (for Individual) Good Samaritan Hospital		Occupation (for Individual) Personal Care Assistant		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Todman-Charles, Dale, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2024 Transaction ID : 6390774	
Mailing Address 463 E 144th St			Amount of Each Receipt this Period 35.00	
City Bronx	State NY	Zip Code 10454-1001	☐ Memo Item	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 255.00		
Name of Employer (for Individual) Schervier Nursing Care Center		Occupation (for Individual) Certified Nursing Assistant		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)				
SUBTOTAL of Receipts This Page (optional).....▶			155.00	
TOTAL This Period (last page this line number only).....▶				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Torres Bautista De Escoto, Ana, , ,

Mailing Address 953 E 231st St

City
BronxState
NYZip Code
10466-4607FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cooperative Home Care AssociatesOccupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : 6390777

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Torres Genao, Clarisa, , ,

Mailing Address 17834 Crandell Ave

City
JamaicaState
NYZip Code
11434-4029FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
B.H.R.A.G.S. Home CareOccupation (for Individual)
Home Health Aid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390778

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Torres, Brandon, , ,Mailing Address 940 Fox St
Apt 2GCity
BronxState
NYZip Code
10459-3321FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Senior Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390775

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Torres, Jennifer, , ,Mailing Address 20 Willoughby Path
NullCity
East NorthportState
NYZip Code
11731-6324FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
White Oaks Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390776

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Toussaint, Francesca, , ,Mailing Address 111 Valentine Ln
Apt LACity
YonkersState
NYZip Code
10705-3424FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Schervier Nursing Care CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : 6390779

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Townes, Brenda, , ,

Mailing Address 5117 Liberty Heights Ave

City
BaltimoreState
MDZip Code
21207-7056FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forest Haven Nursing and Rehab FacilitOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390781

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Townes, Brenda, , ,

Mailing Address 5117 Liberty Heights Ave

City
BaltimoreState
MDZip Code
21207-7056FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forest Haven Nursing and Rehab FacilitOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390780

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Trajano, Julie, , ,

Mailing Address 462 Clarke Ave

City
Staten IslandState
NYZip Code
10306-6139FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stella Orton Home Care AgencyOccupation (for Individual)
Personal Care Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390782

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tran, Huy, , ,

Mailing Address 2510 Davidson Ave

Null

City
BronxState
NYZip Code
10468-4262FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390783

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Trotman, Trevor, , ,

Mailing Address 764 E 91st St

City
BrooklynState
NYZip Code
11236-1420FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390784

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tso, Yuk Ying, , ,Mailing Address 70 New Ln
Apt 4VVCity
Staten IslandState
NYZip Code
10305-3132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stella Orton Home Care AgencyOccupation (for Individual)
Personal Care Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390785

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tyrrell, Bruce, , ,Mailing Address 540 E 22nd St
Apt 4ICity
BrooklynState
NYZip Code
11226-7266FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390786

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Valentine, Malyka, , ,Mailing Address 9410 Avenue J
NullCity
BrooklynState
NYZip Code
11236-3939FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Laboratory Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390787

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Valerio, Vladimir, , ,Mailing Address 226 Kimberly Pl
Apt 5GCity
BronxState
NYZip Code
10463-5311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Maintenance Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390788

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Valladares Rovelo, Eunice, , ,Mailing Address 3300 Bailey Ave
Apt B15City
BronxState
NYZip Code
10463-5722FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York University HospitalOccupation (for Individual)
Medical Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390789

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

260.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vannoy, Rodney, , ,Mailing Address 2289 5th Ave
Apt 2HHCity
New YorkState
NYZip Code
10037-1762FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Perioperative Technical Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390790

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vantuyl, Katherine, , ,

Mailing Address 152 Lakeview Drive Rd

City
Highland LakeState
NYZip Code
12743-5008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bon Secours Community HospitalOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390791

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vasquez, Epifania, , ,Mailing Address 245 E 178th St
Apt 1GCity
BronxState
NYZip Code
10457-4016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Barnabas HospitalOccupation (for Individual)
Nutrition SVS Ambassador

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390792

Amount of Each Receipt this Period

46.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

106.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vasquez, Renia, , ,Mailing Address 140 Vermilyea Ave
Apt 5FCity
New YorkState
NYZip Code
10034-2406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)
Medical Office Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390793

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vassell, Wilton, , ,Mailing Address 3115 Avenue I
Apt 3JCity
BrooklynState
NYZip Code
11210-3827FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NY Presbyterian-Brooklyn Methodist HosOccupation (for Individual)
Environmental Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390794

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vaughn, Sonia, , ,Mailing Address 102 W 1st St
Apt 7City
Mount VernonState
NYZip Code
10550-3027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Eastchester Healthcare CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : 6390796

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vaughn, Sonia, , ,Mailing Address 102 W 1st St
Apt 7City
Mount VernonState
NYZip Code
10550-3027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Eastchester Healthcare CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390795

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vega, Mauricio, , ,Mailing Address 150 E Johnson Ave
NullCity
BergenfieldState
NJZip Code
07621-1819FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian HospitalOccupation (for Individual)
Respiratory Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390797

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ventura, Demy, , ,Mailing Address 1774 Eastburn Ave
Apt B1City
BronxState
NYZip Code
10457-6934FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390798

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vidal, Misty, , ,

Mailing Address 1594 Eastern Pkwy

Null

City

Brooklyn

State

NY

Zip Code

11233-4799

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Callen-Lorde Community Health Center

Occupation (for Individual)

Case Manager Generalist

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : 6390799

Amount of Each Receipt this Period

18.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Viera, Marianela, , ,

Mailing Address 130 Eastern Ave

Apt 518

City

Lynn

State

MA

Zip Code

01902-1329

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390800

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vilfranc, Vitha, , ,

Mailing Address 13833 250th St

Null

City

Rosedale

State

NY

Zip Code

11422-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Beach Gardens Rehab and Nursing Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390801

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

88.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vilfranc, Vitha, , ,Mailing Address 13833 250th St
NullCity
RosedaleState
NYZip Code
11422-2111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Beach Gardens Rehab and Nursing CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390802

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Villani, Antonella, , ,Mailing Address 1592 Dr Martin L King Jr Blvd
Apt 5BCity
BronxState
NYZip Code
10453-6957FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Patient Service Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390803

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Villanueva Acosta, Jose, , ,Mailing Address 1240 Walton Ave
Apt 304City
BronxState
NYZip Code
10452-8026FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health And Hospital CorporationOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390805

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Villanueva, Miguel, , ,Mailing Address 101 Vanderveer St
Fl 2City
BrooklynState
NYZip Code
11207-1712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390804

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Voloshyn, Vasyl, , ,Mailing Address 1 Mulberry St
Apt 3RCity
YonkersState
NYZip Code
10701-6026FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St John's Riverside HospitalOccupation (for Individual)
Monitor Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : 6390806

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Walford Pitter, Audette, , ,Mailing Address 120 Casals Pl
Apt 10FCity
BronxState
NYZip Code
10475-3141FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Morris Park Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390807

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Walford Pitter, Audette, , ,Mailing Address 120 Casals Pl
Apt 10FCity
BronxState
NYZip Code
10475-3141FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Morris Park Nursing HomeOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390808

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Walker, Karen, , ,

Mailing Address 3047 Ely Ave

City
BronxState
NYZip Code
10469-3226FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Regency Extended Care CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390809

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Walker, Karen, , ,

Mailing Address 3047 Ely Ave

City
BronxState
NYZip Code
10469-3226FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Regency Extended Care CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : 6390810

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Walker, Lashonn, , ,Mailing Address 49 Crown St
Apt 6BCity
BrooklynState
NYZip Code
11225-1889FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Senior Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390811

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wallace, Adonica, , ,Mailing Address 120 Aldrich St
Apt 16GCity
BronxState
NYZip Code
10475-4510FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Workmens CircleOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : 6390812

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Walters, Werth, , ,Mailing Address 526 New Jersey Ave
Apt 1City
BrooklynState
NYZip Code
11207-5311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Center Light Health SystemsOccupation (for Individual)
Trades Helper

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024

Transaction ID : 6390813

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ward, Natalie, , ,Mailing Address 706 Riverside Dr
Apt 5ECity
New YorkState
NYZip Code
10031-3132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAGNY - Correctional Health Svcs.Occupation (for Individual)
Clinical Scheduler

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390814

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ward, Robert, , ,

Mailing Address Null

City
HackensackState
NJZip Code
07601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390815

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ward, Robert, , ,

Mailing Address Null

City
HackensackState
NJZip Code
07601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390816

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Washington, Carol, , ,Mailing Address 6 Manitou St
NullCity
RochesterState
NYZip Code
14621-5609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Rochester Med. CenterOccupation (for Individual)
Environmental Service Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390817

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Washington, Tammy, , ,Mailing Address 2777 Bainbridge Ave
NullCity
BronxState
NYZip Code
10458-3401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United Cerebral Palsy Association of NOccupation (for Individual)
Habilitation Counselor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390818

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Watkins, Jessica, , ,Mailing Address 360 Colvin St
NullCity
RochesterState
NYZip Code
14611-1204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Rochester Med. CenterOccupation (for Individual)
Environmental Service Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

203.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390819

Amount of Each Receipt this Period

18.46

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

78.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weitzel, Michelle, , ,

Mailing Address 12 Boylston St

City
OneontaState
NYZip Code
13820-2202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
A.O. Fox Memorial HospitalOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390820

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Welch, Violet, , ,

Mailing Address 182 Cooper St

City
BrooklynState
NYZip Code
11207-1572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390821

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. West, Markeem, , ,Mailing Address 1544 Boone Ave
Apt 14BCity
BronxState
NYZip Code
10460-5795FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Vincent's Hospital-WestchesterOccupation (for Individual)
Discharge Planner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390822

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wheatley, Jacqueline, , ,Mailing Address 2549 Mchenry St
NullCity
BaltimoreState
MDZip Code
21223-2047FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forest Haven Nursing and Rehab FacilitOccupation (for Individual)
Medication Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390824

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wheatley, Jacqueline, , ,Mailing Address 2549 Mchenry St
NullCity
BaltimoreState
MDZip Code
21223-2047FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forest Haven Nursing and Rehab FacilitOccupation (for Individual)
Medication Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390823

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. White, Angela, , ,Mailing Address 229 W 144th St
NullCity
New YorkState
NYZip Code
10030-1221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Support Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390825

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Whitehurst, Nannette, , ,Mailing Address 2026 Westchester Ave
NullCity
BronxState
NYZip Code
10462-4558FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Accounting Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390826

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Whyte, Patrick, , ,Mailing Address 658 E 237th St
NullCity
BronxState
NYZip Code
10466-1410FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Personal Touch Home Care of NYOccupation (for Individual)
Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : 6390827

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Williams, Charmaine, , ,

Mailing Address 130 -44 233 St

City
RosedaleState
NYZip Code
11422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Silvercrest Extended Care FacilityOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390828

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Williams, Delroy, , ,Mailing Address 18 Scott Dr
NullCity
MiddletownState
NYZip Code
10941-1126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Briarcliff Manor Center for RehabOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390830

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Williams, Delroy, , ,Mailing Address 18 Scott Dr
NullCity
MiddletownState
NYZip Code
10941-1126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Briarcliff Manor Center for RehabOccupation (for Individual)
Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : 6390829

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Williams, Frances, , ,

Mailing Address 10 Mountainville Rd

City
DanburyState
CTZip Code
06810-8435FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : 6390831

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Williams, Jenese, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2024 Transaction ID : 6390832	
Mailing Address 320 Vanderbilt Ave Apt 3W				
City Staten Island	State NY	Zip Code 10304-3566		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 20.00	
Name of Employer (for Individual) Carmel Richmond Healthcare & Rehab Cen		Occupation (for Individual) Certified Nursing Assistant	☐ Memo Item	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Williams, Ralph, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2024 Transaction ID : 6390833	
Mailing Address 2884 Bruner Ave				
City Bronx	State NY	Zip Code 10469-3403		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 50.00	
Name of Employer (for Individual) Montefiore Hospital		Occupation (for Individual) Messenger	☐ Memo Item	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Williams-Blain, June, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 17 / 2024 Transaction ID : 6390834	
Mailing Address 1333 Watchung Ave				
City Plainfield	State NJ	Zip Code 07060-3145		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 40.00	
Name of Employer (for Individual) National Benefit Fund-1199		Occupation (for Individual) Director	☐ Memo Item	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)		Aggregate Year-to-Date ▼ 440.00		
SUBTOTAL of Receipts This Page (optional).....▶			110.00	
TOTAL This Period (last page this line number only).....▶				

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Williamson, Abbigail, , ,Mailing Address 5615 Van Cleef St
Apt 3ACity
CoronaState
NYZip Code
11368-4025FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Benefit Fund-1199Occupation (for Individual)
Telephone Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390835

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Willis, Doreen, , ,Mailing Address 1482 Lincoln Pl
Apt 8City
BrooklynState
NYZip Code
11213-4137FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Golden Gate Rehabilitation & HCCOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390836

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wilson, Quiana, , ,

Mailing Address 116 -66 231 St

City
Cambria HeightsState
NYZip Code
11411FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Belair Care CenterOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390838

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wilson, Quiana, , ,

Mailing Address 116 -66 231 St

City

Cambria Heights

State

NY

Zip Code

11411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Belair Care Center

Occupation (for Individual)

Certified Nursing Assistant

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : 6390837

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wingfield, Erica, , ,

Mailing Address 2818 Crestwick PI

Null

City

District Heights

State

MD

Zip Code

20747-2784

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Department of Behavioral Health

Occupation (for Individual)

Social Worker

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390839

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wingfield, Erica, , ,

Mailing Address 2818 Crestwick PI

Null

City

District Heights

State

MD

Zip Code

20747-2784

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Department of Behavioral Health

Occupation (for Individual)

Social Worker

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390840

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

SCHEDULE A (FEC Form 3X)
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Winston, Darrell, , ,Mailing Address 561 Lafayette Ave
NullCity
BrooklynState
NYZip Code
11205-4906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Nursing Auxillary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390841

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wohlferd, Kathleen, , ,Mailing Address 68 Yorkshire Dr
NullCity
East GreenbushState
NYZip Code
12061-1414FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rosewood Rehabilitation and NursingOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390842

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wong, Charleston, , ,Mailing Address 953 N 3rd St
NullCity
New Hyde ParkState
NYZip Code
11040-2833FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai BrooklynOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390843

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Woodburn, Barrington, , ,Mailing Address 3438 Fenton Ave
Apt 1ACity
BronxState
NYZip Code
10469-2006FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Glen Island Care CenterOccupation (for Individual)
Housekeeping Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390844

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Woodcock-Chambers, Phelise, , ,Mailing Address 365 Bronx River Rd
Apt 7DCity
YonkersState
NYZip Code
10704-3461FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Laconia Nursing HomeOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390845

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Woolley, Carline, , ,Mailing Address 10312 Springfield Blvd
Apt 1City
Queens VillageState
NYZip Code
11429-2049FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Grand Rehab & Nursing at Great NecOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390846

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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120.00

SCHEDULE A (FEC Form 3X)
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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Worth, Allan, , ,Mailing Address 1298 Culver Rd
Apt 8City
RochesterState
NYZip Code
14609-5306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Rochester Med. CenterOccupation (for Individual)
Transport Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : 6390847

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wright, Juliet, , ,Mailing Address 189 Oak St
Apt 3BCity
YonkersState
NYZip Code
10701-4381FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Gardens Rehabilitation & NursingOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390848

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wright, Juliet, , ,Mailing Address 189 Oak St
Apt 3BCity
YonkersState
NYZip Code
10701-4381FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Gardens Rehabilitation & NursingOccupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 6390849

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wright, Samantha, , ,Mailing Address 764 E 214th St
NullCity
BronxState
NYZip Code
10467-5935FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390850

Amount of Each Receipt this Period

34.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wynn, Leslie, , ,

Mailing Address 1985 Webster Ave

City
BronxState
NYZip Code
10457-4243FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Graham-Windham Services To FamiliesOccupation (for Individual)
Administrative Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : 6390851

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yabrov, Dana, , ,Mailing Address 5915 Kennedy Blvd E
Apt F4City
West New YorkState
NJZip Code
07093-3784FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Beth Israel Medical CenterOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390852

Amount of Each Receipt this Period

43.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

97.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ynfante, Raymond, , ,Mailing Address 1140 Burke Ave
Apt 7DCity
BronxState
NYZip Code
10469-5022FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Patient Care Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390853

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Young, Wanda, , ,Mailing Address 1553 Lexington Ave
Apt 5ACity
New YorkState
NYZip Code
10029-6270FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai HospitalOccupation (for Individual)
Certified Surgical Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390854

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zamora, Jaddira, , ,Mailing Address 3405 Kossuth Ave
Apt 2CCity
BronxState
NYZip Code
10467-2433FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Customer Services Liaison

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390855

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zarate, Melescent, , ,Mailing Address 1430 30th Rd
Apt 2City
AstoriaState
NYZip Code
11102-3640FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Silvercrest Extended Care FacilityOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : 6390856

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zerkie Ade, Billy, , ,Mailing Address 1212 Ocean Ave
Apt 4FCity
BrooklynState
NYZip Code
11230-7429FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore HospitalOccupation (for Individual)
Patient Care Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : 6390857

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zhang, Sandy Xiao-Yi, , ,Mailing Address 60 Hester St
Apt C1City
New YorkState
NYZip Code
10002-5478FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Child Center of NYOccupation (for Individual)
Intake Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : 6390859

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 17			

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zhang, Sandy Xiao-Yi, , ,Mailing Address 60 Hester St
Apt C1City
New YorkState
NYZip Code
10002-5478FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Child Center of NYOccupation (for Individual)
Intake Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2024

Transaction ID : 6390858

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zhang, Sandy Xiao-Yi, , ,Mailing Address 60 Hester St
Apt C1City
New YorkState
NYZip Code
10002-5478FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Child Center of NYOccupation (for Individual)
Intake Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2024

Transaction ID : 6390860

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

36743.79

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 314 OF 323
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Richmond University Medical Center

Mailing Address 355 Bard Ave

City
Staten IslandState
NYZip Code
10310-1664FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2497.43

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2024

Transaction ID : 8245689

Amount of Each Receipt this Period

2497.43

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. The BridgeMailing Address 290 Malcolm X Blvd
FI 3City
New YorkState
NYZip Code
10027-4991FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

984.63

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2024

Transaction ID : 8245684

Amount of Each Receipt this Period

984.63

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3482.06

3482.06

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA17

Transaction ID : 8245689

Excess remittance of payroll-deducted contributions

Form/Schedule: SA17

Transaction ID: 8245684

Excess remittance of payroll-deducted contributions

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 316 OF 323

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American Express

Nature of Debt (Purpose):

Catering expenses

Mailing Address PO Box 2855

City
New YorkState
NYZip Code
10008-2855

Outstanding Balance Beginning This Period

240.00

Transaction ID : 1250000799

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

240.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Avis Rent-A-Car System Inc.

Nature of Debt (Purpose):

Rental vehicle expense

Mailing Address 7876 COLLECTION CENTER Dr

City
ChicagoState
ILZip Code
60693-0001

Outstanding Balance Beginning This Period

1156.12

Transaction ID : 1250000800

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1156.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Enterprise Rent-A-Car

Nature of Debt (Purpose):

Rental vehicle expense

Mailing Address PO Box 840173

City
Kansas CityState
MOZip Code
64184-0173

Outstanding Balance Beginning This Period

13004.18

Transaction ID : 1250000801

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13004.18

1) SUBTOTALS This Period This Page (optional)..... ►

14400.30

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 317 OF 323

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mack Crounse Group

Nature of Debt (Purpose):

Mailings

Mailing Address 2001 N Beauregard St
Ste 420City
AlexandriaState
VAZip Code
22311-1750

Outstanding Balance Beginning This Period

3212.68

Transaction ID : 1250000802

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3212.68

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Novak Media Inc.

Nature of Debt (Purpose):

Radio buy & production

Mailing Address 159 W Main St

City
WebsterState
NYZip Code
14580-2960

Outstanding Balance Beginning This Period

18850.00

Transaction ID : 1250000803

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18850.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU Communications Center LLC

Nature of Debt (Purpose):

Robo calls/phone bank calls

Mailing Address 330 W 42nd St

City
New YorkState
NYZip Code
10036-6902

Outstanding Balance Beginning This Period

26529.31

Transaction ID : 1250000804

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

26529.31

1) **SUBTOTALS** This Period This Page (optional)..... ►

48591.99

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Standard Modern Company

Nature of Debt (Purpose):

Doorhangers

Mailing Address 47 Pleasant St

City
BrocktonState
MAZip Code
02301-3998

Outstanding Balance Beginning This Period

598.89

Transaction ID : 1250000805

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

598.89

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SVM, LP

Nature of Debt (Purpose):

Gas cards

Mailing Address 185 N Franklin St

City
ChicagoState
ILZip Code
60606-1929

Outstanding Balance Beginning This Period

3126.47

Transaction ID : 1250000806

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3126.47

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Union Travel Mastercard

Nature of Debt (Purpose):

Catering expenses

Mailing Address PO Box 88000

City
BaltimoreState
MDZip Code
21288

Outstanding Balance Beginning This Period

17929.20

Transaction ID : 1250000807

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

17929.20

1) **SUBTOTALS** This Period This Page (optional)..... ►

21654.56

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU United Healthcare Workers East

Nature of Debt (Purpose):

Staff compensation for phone calls and texting

Mailing Address 498 Seventh Ave

City
New YorkState
NYZip Code
10018

Outstanding Balance Beginning This Period

118048.65

Transaction ID : 1250000809

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

118048.65

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU United Healthcare Workers East

Nature of Debt (Purpose):

Estimate for Member Communications

Mailing Address 498 Seventh Ave

City
New YorkState
NYZip Code
10018

Outstanding Balance Beginning This Period

188720.94

Transaction ID : 1250000914

Amount Incurred This Period

0.00

Payment This Period

1.00

Outstanding Balance at Close of This Period

188719.94

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU United Healthcare Workers East

Nature of Debt (Purpose):

Sign Production for Event

Mailing Address 498 Seventh Ave

City
New YorkState
NYZip Code
10018

Outstanding Balance Beginning This Period

940.00

Transaction ID : 1250001166

Amount Incurred This Period

0.00

Payment This Period

940.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

306768.59

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU United Healthcare Workers East

Nature of Debt (Purpose):

Palm Card Production

Mailing Address 498 Seventh Ave

City
New YorkState
NYZip Code
10018

Outstanding Balance Beginning This Period

59.90

Transaction ID : 1250001167

Amount Incurred This Period

0.00

Payment This Period

59.90

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU United Healthcare Workers East

Nature of Debt (Purpose):

Production of Car Magnets

Mailing Address 498 Seventh Ave

City
New YorkState
NYZip Code
10018

Outstanding Balance Beginning This Period

60.00

Transaction ID : 1250001168

Amount Incurred This Period

0.00

Payment This Period

60.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU United Healthcare Workers East

Nature of Debt (Purpose):

Production of Car Magnets

Mailing Address 498 Seventh Ave

City
New YorkState
NYZip Code
10018

Outstanding Balance Beginning This Period

60.00

Transaction ID : 1250001169

Amount Incurred This Period

0.00

Payment This Period

60.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bauer, Jenny, , ,

Nature of Debt (Purpose):

Reimbursement for catering expenses

Mailing Address 2 Wolcott Park

City
MedfordState
MAZip Code
02155-3720

Outstanding Balance Beginning This Period

43.65

Transaction ID : 1250000810

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

43.65

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Carino, Lillie, , ,

Nature of Debt (Purpose):

Reimbursement for travel expenses

Mailing Address 327 Saint Nicholas Ave

City
New YorkState
NYZip Code
10027-3608

Outstanding Balance Beginning This Period

45.00

Transaction ID : 1250000811

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Pechtel, Antonella, , ,

Nature of Debt (Purpose):

Reimbursement for catering expenses

Mailing Address 401 Rose Ave

City
SchenectadyState
NYZip Code
12308

Outstanding Balance Beginning This Period

201.39

Transaction ID : 1250000812

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

201.39

1) SUBTOTALS This Period This Page (optional)..... ►

290.04

2) TOTALS This Period (last page this line number only)..... ►

391705.48

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

391705.48

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 322 OF 323
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SEIU United Healthcare Workers East Federal Political Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00348540	
Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee 1199 SEIU United Healthcare Workers East ☐ Memo Item			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 498 Seventh Ave			Amount 60.00	
City New York		State NY	Zip Code 10018	
Purpose of Expenditure Production of Car Magnets			Category/ Type	
Name of Federal Candidate: Harris, Kamala, , , ☒ Support ☐ Oppose			Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 10302.78			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
Full Name of Payee 1199 SEIU United Healthcare Workers East ☐ Memo Item			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 498 Seventh Ave			Amount 60.00	
City New York		State NY	Zip Code 10018	
Purpose of Expenditure Production of Car Magnets			Category/ Type	
Name of Federal Candidate: Harris, Kamala, , , ☒ Support ☐ Oppose			Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 10302.78			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures 120.00 (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Schaub, Helen, , ,</u>			Date M M M / D D D / Y Y Y Y Y Y	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 323 OF 323
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SEIU United Healthcare Workers East Federal Political Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00348540	
Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee 1199 SEIU United Healthcare Workers East ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 03 2024	
Mailing Address 498 Seventh Ave			Amount 940.00	
City New York	State NY	Zip Code 10018	Transaction ID : 500148031 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 19 2024	
Purpose of Expenditure Sign Production for Event			Category/ Type	
Name of Federal Candidate: Harris, Kamala, , ,			☒ Support ☐ Oppose Office Sought: ☐ House ☒ President ☐ Senate District: 00 State: NY	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
Full Name of Payee 1199 SEIU United Healthcare Workers East ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 10 2024	
Mailing Address 498 Seventh Ave			Amount 59.90	
City New York	State NY	Zip Code 10018	Transaction ID : 500148032 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 31 2024	
Purpose of Expenditure Palm Card Production			Category/ Type	
Name of Federal Candidate: Harris, Kamala, , ,			☒ Support ☐ Oppose Office Sought: ☐ House ☒ President ☐ Senate District: State:	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			999.90	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) TOTAL Independent Expenditures			1119.90	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Schaub, Helen, , ,</u>			Date M M / D D / Y Y Y Y Y Y 01 31 2025	