



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2025"/>		<input type="text" value="2734298.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2734298.52"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3336706.04"/>	<input type="text" value="3336706.04"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="6071004.56"/>	<input type="text" value="6071004.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3891711.56"/>	<input type="text" value="3891711.56"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2179293.00"/>	<input type="text" value="2179293.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="84936.89"/>	

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Report Covering the Period: From: 01 / 01 / 2025 To: 06 / 30 / 2025

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2000.00	2000.00
(ii) Unitemized .....	3313369.74	3313369.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3315369.74	3315369.74
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	3315369.74	3315369.74
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	21336.30	21336.30
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3336706.04	3336706.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3336706.04	3336706.04

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

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 .....	351768.59	351768.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	351768.59	351768.59
22. Transfers to Affiliated/Other Party Committees.....	3490373.84	3490373.84
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	4531.00	4531.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	4531.00	4531.00
29. Other Disbursements (Including Non-Federal Donations).....	45038.13	45038.13
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3891711.56	3891711.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3891711.56	3891711.56

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3315369.74	3315369.74
34. Total Contribution Refunds (from Line 28(d)) .....	4531.00	4531.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3310838.74	3310838.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	351768.59	351768.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	351768.59	351768.59

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

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

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt **04 / 10 / 2025**  
**Transaction ID : 7999496**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

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

Date of Receipt **01 / 09 / 2025**  
**Transaction ID : 7999501**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

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

Date of Receipt **02 / 20 / 2025**  
**Transaction ID : 7999502**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 28  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**1199 SEIU United Healthcare Workers East Federal Political Action Fund**

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

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

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

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

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

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

**SUBTOTAL** of Receipts This Page (optional)..... 205.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2025  
**Transaction ID : 7999494**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. Rey, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 527 Old Bridge Tpke  
 Unit 4117  
 City East Brunswick State NJ Zip Code 08816-1963  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1199 National Benefit Fund Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2025  
**Transaction ID : 7999497**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 14 OF 28  
(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**

**A. Ciox Health**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1250 Broadway  
 City New York State NY Zip Code 10001-3701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4910.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2025  
**Transaction ID : 8245683**  
 Amount of Each Receipt this Period  
 2086.78  
 Memo Item

**B. Ciox Health**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1250 Broadway  
 City New York State NY Zip Code 10001-3701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4910.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2025  
**Transaction ID : 10428864**  
 Amount of Each Receipt this Period  
 2823.78  
 Memo Item  
 Misdirected deposit of benefit fund contributions - see March 30, 2026 RFAI response

**C. Seagate**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1487 Mcdonald Ave  
 City Brooklyn State NY Zip Code 11230-4667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 2641.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2025  
**Transaction ID : 8245690**  
 Amount of Each Receipt this Period  
 2641.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7551.56
<b>TOTAL</b> This Period (last page this line number only).....▶	7551.56

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. 1199 SEIU**

Mailing Address 498 Seventh Ave

City  
New York

State  
NY

Zip Code  
10018

Purpose of Disbursement

Staff compensation for phone calls and texting

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	3			2	0	2	5		

FEC Identification Number

**C** [Redacted]

**Transaction ID : 500177093**

Amount of Each Disbursement this Period

[Redacted] 118048.65

Memo Item

Full Name (Last, First, Middle Initial)

**B. 1199 SEIU**

Mailing Address 498 Seventh Ave

City  
New York

State  
NY

Zip Code  
10018

Purpose of Disbursement

Member Political Engagement Program

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	3			2	0	2	5		

FEC Identification Number

**C** [Redacted]

**Transaction ID : 500177805**

Amount of Each Disbursement this Period

[Redacted] 188719.94

Memo Item

Full Name (Last, First, Middle Initial)

**C. Federal Election Commission**

Mailing Address 1050 1st St NE

City  
Washington

State  
DC

Zip Code  
20002-5859

Purpose of Disbursement

Settlement Payment

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	6			2	0	2	5		

FEC Identification Number

**C** [Redacted]

**Transaction ID : 500177803**

Amount of Each Disbursement this Period

[Redacted] 45000.00

Memo Item

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

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

[Redacted] 351768.59

[Redacted] 351768.59

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. 1199 SEIU Mass Pac**

Mailing Address 498 7th Ave  
FI 24

City New York State NY Zip Code 10018-6725

Purpose of Disbursement  
Transfer to Affiliated PAC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2025

FEC Identification Number

C [ ]

Transaction ID : 500163427

Amount of Each Disbursement this Period

[ ] 246.76

Memo Item

Full Name (Last, First, Middle Initial)

**B. 1199 SEIU Mass Pac**

Mailing Address 498 7th Ave  
FI 24

City New York State NY Zip Code 10018-6725

Purpose of Disbursement  
Transfer to Affiliated PAC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2025

FEC Identification Number

C [ ]

Transaction ID : 500163428

Amount of Each Disbursement this Period

[ ] 163.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. 1199 SEIU Mass Pac**

Mailing Address 498 7th Ave  
FI 24

City New York State NY Zip Code 10018-6725

Purpose of Disbursement  
Transfer to Affiliated PAC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2025

FEC Identification Number

C [ ]

Transaction ID : 500177801

Amount of Each Disbursement this Period

[ ] 88.00

Memo Item

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

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

[ ] 497.76

[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name (Last, First, Middle Initial)

### A. SEIU COPE FUND

Mailing Address 1800 Massachusetts Ave NW

City  
Washington

State  
DC

Zip Code  
20036-1806

Purpose of Disbursement  
Transfer to an Affiliated Committee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C C00004036

Transaction ID : 500163442

Amount of Each Disbursement this Period

1761029.44

Memo Item

Full Name (Last, First, Middle Initial)

### B. SEIU COPE FUND

Mailing Address 1800 Massachusetts Ave NW

City  
Washington

State  
DC

Zip Code  
20036-1806

Purpose of Disbursement  
Transfer to an Affiliated Committee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C C00004036

Transaction ID : 500177808

Amount of Each Disbursement this Period

1728846.64

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

3489876.08

3490373.84

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Tapia Cepeda, Niurka, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: 06 / 11 / 2025

Mailing Address: 186 Parklawn Dr

City: Waterbury State: CT Zip Code: 06708-2348

Purpose of Disbursement: Contribution Refund

FEC Identification Number: C  
Transaction ID : 500177798

Amount of Each Disbursement this Period: 310.00

Category/Type: [ ]

Office Sought: [ ] House [ ] Senate [ ] President  
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

State: District: [ ] Memo Item

**B. Valladares Rovelo, Eunice, G., ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: 06 / 25 / 2025

Mailing Address: 300 BAILEY AVENUE 233 St Apt B15

City: Bronx State: NY Zip Code: 10463

Purpose of Disbursement: Contribution Refund

FEC Identification Number: C  
Transaction ID : 500177799

Amount of Each Disbursement this Period: 3861.00

Category/Type: [ ]

Office Sought: [ ] House [ ] Senate [ ] President  
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

State: District: [ ] Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement: [ ] / [ ] / [ ]

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period: [ ]

Category/Type: [ ]

Office Sought: [ ] House [ ] Senate [ ] President  
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

State: District: [ ] Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4171.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4171.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. 1199 National Benefit Fund**

Mailing Address 498 7th Ave

City  
New York

State  
NY

Zip Code  
10018

Purpose of Disbursement

Transfer of misdirected benefit fund premiums

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : 500163441**

Amount of Each Disbursement this Period

2086.78

Memo Item

Full Name (Last, First, Middle Initial)

**B. 1199 SEIU**

Mailing Address 498 Seventh Ave

City  
New York

State  
NY

Zip Code  
10018

Purpose of Disbursement

Transfer of misdirected member dues remittance

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : 500163391**

Amount of Each Disbursement this Period

1502.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. 1199 SEIU**

Mailing Address 498 Seventh Ave

City  
New York

State  
NY

Zip Code  
10018

Purpose of Disbursement

Transfer of misdirected member dues remittance

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : 500163392**

Amount of Each Disbursement this Period

6135.00

Memo Item

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

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

9724.28



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. 1199 SEIU**

Mailing Address 498 Seventh Ave

City  
New York

State  
NY

Zip Code  
10018

Purpose of Disbursement

Transfer of misdeposited member initiation fees remittance

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : 500163430**

Amount of Each Disbursement this Period

70.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. 1199 SEIU**

Mailing Address 498 Seventh Ave

City  
New York

State  
NY

Zip Code  
10018

Purpose of Disbursement

Transfer of misdeposited member initiation fees remittance

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : 500163435**

Amount of Each Disbursement this Period

7150.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. 1199 SEIU**

Mailing Address 498 Seventh Ave

City  
New York

State  
NY

Zip Code  
10018

Purpose of Disbursement

Transfer of misdirected member dues remittance

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	2	5

FEC Identification Number

C

**Transaction ID : 500163437**

Amount of Each Disbursement this Period

6715.00

Memo Item

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

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

13935.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. 1199 SEIU

Mailing Address 498 Seventh Ave

City  
New York

State  
NY

Zip Code  
10018

Purpose of Disbursement  
Transfer of mis-deposited payment

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : 500174397**

Amount of Each Disbursement this Period

[REDACTED] 40.01

Memo Item

Full Name (Last, First, Middle Initial)

### B. 1199 SEIU

Mailing Address 498 Seventh Ave

City  
New York

State  
NY

Zip Code  
10018

Purpose of Disbursement  
Transfer of misdirected member dues remittance

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : 500179634**

Amount of Each Disbursement this Period

[REDACTED] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. 1199 SEIU

Mailing Address 498 Seventh Ave

City  
New York

State  
NY

Zip Code  
10018

Purpose of Disbursement  
Transfer of misdirected member dues remittance

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : 500179626**

Amount of Each Disbursement this Period

[REDACTED] 6519.74

Memo Item

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

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

[REDACTED] 6659.75

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Richmond University Medical Center**

Mailing Address 355 Bard Ave

City  
Staten Island

State  
NY

Zip Code  
10310-1664

Purpose of Disbursement

Refund of excess remittance of payroll-deducted contributions

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [Redacted]

**Transaction ID : 500163436**

Amount of Each Disbursement this Period

[Redacted] 2497.43

Memo Item

Full Name (Last, First, Middle Initial)

**B. Seagate**

Mailing Address 1487 Mcdonald Ave

City  
Brooklyn

State  
NY

Zip Code  
11230-4667

Purpose of Disbursement

Transfer of misdirected credit union remittance

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [Redacted]

**Transaction ID : 500177807**

Amount of Each Disbursement this Period

[Redacted] 2641.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. The Bridge**

Mailing Address 290 Malcolm X Blvd  
FI 3

City  
New York

State  
NY

Zip Code  
10027-4991

Purpose of Disbursement

Refund of excess remittance of payroll-deducted contributions

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [Redacted]

**Transaction ID : 500163395**

Amount of Each Disbursement this Period

[Redacted] 984.63

Memo Item

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

[Redacted] 6123.06

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

[Redacted] 44652.13

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 28
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="240.00"/>	<b>Transaction ID : 1250000799</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="240.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1156.12"/>	<b>Transaction ID : 1250000800</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1156.12"/>

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

Outstanding Balance Beginning This Period <input type="text" value="13004.18"/>	<b>Transaction ID : 1250000801</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="13004.18"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="14400.30"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 28
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="3212.68"/>	<b>Transaction ID : 1250000802</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3212.68"/>

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

Outstanding Balance Beginning This Period <input type="text" value="18850.00"/>	<b>Transaction ID : 1250000803</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="18850.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="26529.31"/>	<b>Transaction ID : 1250000804</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="26529.31"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="48591.99"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 28
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 598.89	<b>Transaction ID : 1250000805</b>	
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 <b>SVM, LP</b>			Nature of Debt (Purpose): Gas cards
Mailing Address 185 N Franklin St			
City Chicago	State IL	Zip Code 60606-1929	

Outstanding Balance Beginning This Period 3126.47	<b>Transaction ID : 1250000806</b>	
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 <b>Union Travel Mastercard</b>			Nature of Debt (Purpose): Catering expenses
Mailing Address PO Box 88000			
City Baltimore	State MD	Zip Code 21288	

Outstanding Balance Beginning This Period 17929.20	<b>Transaction ID : 1250000807</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 17929.20

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	21654.56
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 27 OF 28
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

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

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

Outstanding Balance Beginning This Period <input type="text" value="43.65"/>	<b>Transaction ID : 1250000810</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="43.65"/>

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

Outstanding Balance Beginning This Period <input type="text" value="45.00"/>	<b>Transaction ID : 1250000811</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="45.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="88.65"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 28 OF 28
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period		<b>Transaction ID : 1250000812</b>	
201.39			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	201.39	

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

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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