



Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

Type of Statement							
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time. OSPC-14-00309	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>			Date Changes Took Effect	SBE-issued Committee ID		
Date Changes Took Effect	SBE-issued Committee ID						
Name of Committee							
1199SEIU New York State Political Action Fund							
Insert full name of committee (Acronyms must be spelled out)							
Committee Mailing Address							
332 West 42nd Street			7th Floor				
Street Address/P.O. Box			Suite #				
New York	NY	10036					
City	State	Zip Code					
arabb@levyratner.com		(212) 603-1737					
Email Address		Business Phone					
Committee Website							
Affiliated Organization or PAC							
1199SEIU United Healthcare Workers East							
Full Name of Affiliated Organization							
330 West 42nd Street			7th Floor				
Street Address/P.O. Box			Suite #				
New York	NY	10036					
City	State	Zip Code					
Labor/Healthcare							
Indicate the Purpose of your Committee (e.g. Labor, Business, Health Care, etc.)							
Candidate's Supported or Opposed*							
Full Name and Address of Candidate(s)	Office Sought	Party Affiliation	Support or Oppose?				



Area, Scope and Jurisdiction of the Committee

This Committee intends to participate in (check all that apply):

- Statewide elections**

 General Assembly elections

 Local elections

If "Local Elections" is checked please list the cities, counties and/or towns the committee intends to be active in:

- | | |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | 6) _____ |

Other Agency Information

Taxpayer Identification Number	_____
	Enter Taxpayer ID Number
Other Agencies Where Committee is Registered	'Other Agencies Where Registered' Sheet Attached with 1 Agency.
	Name of Agency _____ Registration Number _____
	Name of Agency _____ Registration Number _____
	Name of Agency _____ Registration Number _____
	Name of Agency _____ Registration Number _____
	Name of Agency _____ Registration Number _____
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Committee Depository

Amalgamated Bank	
Primary Bank Name or Depository	Secondary Bank Name or Depository
New York	NY
City _____ State _____	City _____ State _____



Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

Treasurer and Books Information					
Treasurer	Gresham		George		
	Salutation	Last Name	First Name	Middle Name	Suffix
	c/o Levy Ratner PC (attn: Rabb), 80 8th Avenue 8th Fl New York, NY 10011				
	Street Address (Business), City, State and Zip Code				
	1313 East 233rd Street				
	Street Address (Residence)			Suite #	
	Bronx		NY		10466
City		State		Zip Code	
arabb@levyratner.com			(212) 627-8100		
Email Address (*see instructions)			Daytime Phone #		
Principal Custodian of the Books (if one)	Finnegan		Kevin		
	Salutation	Last Name	First Name	Middle Name	Suffix
	c/o Levy Ratner PC, 80 8th Avenue 8th Floor New York, NY 10011				
	Street Address (Business), City, State and Zip				
	77 Seventh Avenue				
	Street Address (Residence)			Suite #	
	New York		NY		10011
City		State		Zip Code	
arabb@levyratner.com			(212) 627-8100		
Email Address (*see instructions)			Daytime Phone #		
Address Where Books are Maintained	330 West 42nd Street		7th Floor		
	Street Address (P.O. Boxes are Not Acceptable)			Suite #	
	New York		NY		10036
City		State		Zip Code	
Statement of Treasurer					
<p>I accept the appointment of Treasurer for this committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I am required to file my reports electronically on SBE's website. I understand that I must truthfully report all monies and things of value, which this political committee receives or expends as required by § 24.2-949.9:1. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or un-filed reports. I also understand that if I provide false information on any document submitted to the State Board of Elections that I may be subject to the provisions of § 24.2-1016 which is punishable up to a Class 5 felony.</p>					
_____ Signature			_____ Date		

FOR SBE OFFICE USE ONLY

DATE ENTERED: _____

ENTERED BY: _____

CIRCLE ONE

COMMITTEE ID: _____ **N or A**



Instructions for Completing This Form

- Submit the original, signed copy of this form to:

**State Board of Elections
Washington Building
1100 Bank Street, First Floor
Richmond, VA 23219**

- This form must be legible, written in ink or typed or it will be rejected.
- An amended Statement is required to be filed within 10 days of the change if **any** of the information reported on this form changes.

Type of Statement

- Check the box that applies to the type of Statement that you are filing.

Name of Committee

- Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for you committee.

Committee Mailing Address

- Insert the committee's primary mailing address.
- Insert the committee's primary business phone and fax number.
- Insert the Committee's e-mail address.

Affiliated Organization of PAC

- Insert the name and address of any affiliated organizations or Political Committees. For example, if your committee is a division of a trade association, business group or labor union, please indicate the name of the parent organization.
- Indicate the purpose of your committee
 - All Political Committees are formed to influence the outcome of elections. Please briefly explain the purpose or issue(s) in which your committee is involved.

Candidate's Supported or Opposed

- Indicate all candidates the committee intends to support or oppose. If there are more than two candidates that the committee supports or opposes, please attach the entire list when you submit this statement.

Area, Scope and Jurisdiction of the Committee

- Please choose all that apply.



Instructions for Completing This Form

Other Agency Information

- Taxpayer ID Number
 - Enter the committee or organization's taxpayer identification number.
- Other Agencies Where Committee is Registered
 - Please provide a listing of all Federal and State agencies and provide registration numbers where the committee is also registered. Attach additional sheets if necessary.

Committee Depository

- Insert the name of the committee's primary and secondary (if one) depository (Bank Name).
- Insert the address of the committee's primary and secondary (if one) depository.

Treasurer and Books Information

- Treasurer
 - Insert the name and business and residential address of the person who will be responsible for maintaining and keeping accurate financial records and reporting these records on the prescribed forms
 - Email Address
- Custodian of the Books (if one)
 - You may leave this section blank if the treasurer also serves as the Custodian of the Books.

Virginia State Board of Elections
Washington Building
1100 Bank Street, First Floor
Richmond, VA 23219

Other Agencies Where Registered

	Agency Name	Registration Number
1	Internal Revenue Service - Form 8871	EIN # 20-5395553