

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

Service Employees International Union PEA - Federal

ADDRESS (number and street) 1800 Massachusetts Ave NW

Check if different than previously reported. (ACC) Washington DC 20036

2. FEC IDENTIFICATION NUMBER ▼ C00523621 CITY ▲ Washington STATE ▲ DC ZIP CODE ▲ 20036

3. IS THIS REPORT NEW (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 Primary (12P) General (12G) Runoff (12R)
 PRE-Election Report for the: Convention (12C) Special (12S)

Election on MM / DD / YYYYYY in the State of

(d) 30-Day POST-Election General (30G) Runoff (30R) Special (30S)
 Report for the: Election on MM / DD / YYYYYY in the State of DC

5. Covering Period MM / DD / YYYYYY 10 / 18 / 2012 through MM / DD / YYYYYY 11 / 26 / 2012

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 Eliseo Medina

Signature of Treasurer Eliseo Medina [Electronically Filed] Date MM / DD / YYYYYY 01 / 31 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only		FEC FORM 3X Rev. 12/2004
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Service Employees International Union PEA - Federal

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="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3560234.17"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2601351.00"/>	<input type="text" value="16021328.85"/>
(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="6161585.17"/>	<input type="text" value="16021328.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3210939.23"/>	<input type="text" value="13070682.91"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2950645.94"/>	<input type="text" value="2950645.94"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="9053240.19"/>	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Service Employees International Union PEA - Federal

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	2601351.00	16021328.85
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2601351.00	16021328.85
(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)	2601351.00	16021328.85
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.).....	0.00	0.00
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))..... ▶	2601351.00	16021328.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2601351.00	16021328.85

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	2301269.15	2839870.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2301269.15	2839870.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	73500.00	4270902.02
24. Independent Expenditures (use Schedule E)	757149.96	5306123.17
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00
(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)).....	0.00	0.00
29. Other Disbursements	79020.12	653786.87
30. Federal Election Activity (2 U.S.C. §431(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)) ..	3210939.23	13070682.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3210939.23	13070682.91

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	2601351.00	16021328.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2601351.00	16021328.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2301269.15	2839870.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2301269.15	2839870.85

**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"/> 24	<input type="checkbox"/> 25	<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

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)

Service Employees International Union PEA - Federal

Full Name (Last, First, Middle Initial)

A. SEIU General Fund

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Debt Payment for Salary & Other Canvass Related Expenses from 9/1-9/16

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2012

Transaction ID : D304442

Amount of Each Disbursement this Period

324186.74

Full Name (Last, First, Middle Initial)

B. SEIU General Fund

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Debt Payment for Salary & Other Canvass Related Expenses from 9/17-10/5

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2012

Transaction ID : D304443

Amount of Each Disbursement this Period

922742.33

Full Name (Last, First, Middle Initial)

C. SEIU General Fund

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Debt Payment for Salary & Other Canvass Activity In-Kinded to Florida
Freedom PAC from 9/1-10/5

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2012

Transaction ID : D304444

Amount of Each Disbursement this Period

1054340.08

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

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

2301269.15

2301269.15

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
Service Employees International Union PEA - Federal

Full Name (Last, First, Middle Initial)

A. DEFEND OUR HOMES

Mailing Address 888 16TH STREET NW STE 650

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

10 / 22 / 2012

Transaction ID : D304187

Amount of Each Disbursement this Period

73500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

73500.00

73500.00

**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"/> 24	<input type="checkbox"/> 25	<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)

Service Employees International Union PEA - Federal

Full Name (Last, First, Middle Initial)

A. Envision Communications, Inc.

Mailing Address 2715 M Street, NW
Suite 100

City Washington State DC Zip Code 20007

Purpose of Disbursement
Media Buy & Production for NV State Senate Candidate

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D304186

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. GRSC Consulting

Mailing Address 2828 University Ave SE, #150

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
Payment for Non-Federal Canvass Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D304188

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Mack/Crouse Group LLC

Mailing Address 4900 Seminary Road Suite 1020

City Alexandria State VA Zip Code 22311

Purpose of Disbursement
Voter Canvass Literature for Non-Federal Nevada Candidates

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D304185

Amount of Each Disbursement this Period

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 9 OF 44
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Action United	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies
Mailing Address 846 N Broad St.	
City State Zip Code Philadelphia PA 19130-2234	

Outstanding Balance Beginning This Period 44130.20	Transaction ID : D300061	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 44130.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alliance for Californians for Community Empowerment	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies
Mailing Address 3655 S. Grand Ave.	
City State Zip Code Los Angeles CA 90007-4316	

Outstanding Balance Beginning This Period 30591.32	Transaction ID : D300059	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 30591.32

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Centaur North Strategic Communications	Nature of Debt (Purpose): Voter Canvass Literature
Mailing Address PO Box 1474	
City State Zip Code Whittier CA 90609	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D304193	
Amount Incurred This Period 9240.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9240.00

1) SUBTOTALS This Period This Page (optional)..... ▶	83961.52
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 10 OF 44
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Citizen Action of NY	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies
Mailing Address 94 Central Avenue	
City State Zip Code Albany NY 12206-3002	

Outstanding Balance Beginning This Period 6042.60	Transaction ID : D300056	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6042.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fair Share Alliance, Inc.	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies
Mailing Address 218 D Street, SE	
City State Zip Code Washington DC 20003-1900	

Outstanding Balance Beginning This Period 37892.26	Transaction ID : D300057	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 37892.26

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Florida Consumer Action Network, Inc.	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies
Mailing Address 3006 W Kennedy Blvd. Ste B	
City State Zip Code Tampa FL 33609-3289	

Outstanding Balance Beginning This Period 34884.00	Transaction ID : D300058	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 34884.00

1) SUBTOTALS This Period This Page (optional)..... ▶	78818.86
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 11 OF 44
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Florida New Majority	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies
Mailing Address 6127 NW 7th Avenue	
City State Zip Code Miami FL 33127-1111	

Outstanding Balance Beginning This Period 39776.09	Transaction ID : D300060	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 39776.09

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mack/Crouse Group LLC	Nature of Debt (Purpose): Voter Canvass Literature
Mailing Address 4900 Seminary Road Suite 1020	
City State Zip Code Alexandria VA 22311	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D304184	
Amount Incurred This Period 29301.92	Payment This Period 0.00	Outstanding Balance at Close of This Period 29301.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mission Control Inc	Nature of Debt (Purpose): Voter Canvass Literature
Mailing Address 114A Mansfield Hollow Road	
City State Zip Code Mansfield Center CT 06250	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D304195	
Amount Incurred This Period 7190.83	Payment This Period 0.00	Outstanding Balance at Close of This Period 7190.83

1) SUBTOTALS This Period This Page (optional)..... ▶	76268.84
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 12 OF 44
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor One Pennsylvania	Nature of Debt (Purpose): Voter Outreach Activities (Non-Express Advocacy)
Mailing Address 1500 North Second Street, Suite 11	
City State Zip Code Harrisburg PA 17102	

Outstanding Balance Beginning This Period 19605.00	Transaction ID : D298042	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 19605.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Our DC	Nature of Debt (Purpose): Voter Outreach Activities (Non-Express Advocacy)
Mailing Address 1800 Massachusetts Ave NW	
City State Zip Code Washington DC 20036	

Outstanding Balance Beginning This Period 45453.00	Transaction ID : D297985	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45453.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEIU General Fund	Nature of Debt (Purpose): Est. payment for salary and other canvass-related expenses from 6/20-9/30, bird-dogging & rallies
Mailing Address 1800 Massachusetts Ave NW	
City State Zip Code Washington DC 20036	

Outstanding Balance Beginning This Period 6206016.48	Transaction ID : D285704	
Amount Incurred This Period 0.00	Payment This Period 1054340.08	Outstanding Balance at Close of This Period 5151676.40

1) SUBTOTALS This Period This Page (optional)..... ▶	5216734.40
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 13 OF 44
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEIU General Fund	Nature of Debt (Purpose): Salary and other canvass-related expenses from 6/11-9/30
Mailing Address 1800 Massachusetts Ave NW	
City State Zip Code Washington DC 20036	

Outstanding Balance Beginning This Period 4618526.33	Transaction ID : D286612	
Amount Incurred This Period 0.00	Payment This Period 1246929.07	Outstanding Balance at Close of This Period 3371597.26

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEIU Healthcare Wisconsin	Nature of Debt (Purpose): Voter Outreach Activities (Non-Express Advocacy)
Mailing Address 4513 Vernon Blvd Suite 300	
City State Zip Code Madison WI 53705	

Outstanding Balance Beginning This Period 91165.13	Transaction ID : D298020	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 91165.13

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEIU Healthcare Wisconsin	Nature of Debt (Purpose): Canvass & GOTV Activities
Mailing Address 4513 Vernon Blvd Suite 300	
City State Zip Code Madison WI 53705	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D304201	
Amount Incurred This Period 20000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20000.00

1) SUBTOTALS This Period This Page (optional)..... ▶	3482762.39
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 14 OF 44
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEIU Local 1199 WOK	Nature of Debt (Purpose): Voter Outreach Activities (Non-Express Advocacy)
Mailing Address 1395 Dublin Road	
City State Zip Code Columbus OH 43215	

Outstanding Balance Beginning This Period 14907.00	Transaction ID : D297979	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14907.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEIU Local 3	Nature of Debt (Purpose): Voter Outreach Activities (Non-Express Advocacy)
Mailing Address 4 Bunker Hill Industrial Park	
City State Zip Code Boston MA 02129	

Outstanding Balance Beginning This Period 22595.00	Transaction ID : D297935	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 22595.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Pivot Group	Nature of Debt (Purpose): Voter Canvass Literature
Mailing Address 1720 I Street, NW Suite 550	
City State Zip Code Washington DC 20006	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D304200	
Amount Incurred This Period 11986.66	Payment This Period 0.00	Outstanding Balance at Close of This Period 11986.66

1) SUBTOTALS This Period This Page (optional)..... ▶	49488.66
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 15 OF 44
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor United for New York, Inc.	Nature of Debt (Purpose): Voter Outreach Activities (Non-Express Advocacy)
Mailing Address 330 W 42nd Street, Suite 900	
City State Zip Code New York NY 10036	

Outstanding Balance Beginning This Period 11101.00	Transaction ID : D298028	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11101.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Working Families Organization, Inc.	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies
Mailing Address 2 Nevins Street	
City State Zip Code Brooklyn NY 11217-1010	

Outstanding Balance Beginning This Period 54104.52	Transaction ID : D300055	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 54104.52

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) SUBTOTALS This Period This Page (optional)..... ▶	65205.52
2) TOTALS This Period (last page this line number only)..... ▶	9053240.19
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) ▶	9053240.19

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Field Strategies Inc		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 888 16th St NW Ste 650		Amount 90000.00
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Canvassing Services	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3338352.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D298681

Full Name (Last, First, Middle Initial) of Payee Field Strategies Inc		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 888 16th St NW Ste 650		Amount 90000.00
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Canvassing Services	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 325920.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D298682

(a) SUBTOTAL of Itemized Independent Expenditures.....	180000.00
(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.

Eliseo Medina
Signature

[Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Service Employees International Union PEA - Federal
FEC IDENTIFICATION NUMBER
C C00523621
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
GRSC Consulting
Mailing Address 2828 University Ave SE, #150
City Minneapolis State MN Zip Code 55414
Date 10 / 18 / 2012
Amount 17740.12
Transaction ID : D298683
Purpose of Expenditure Canvassing Services Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 3338352.08

Full Name (Last, First, Middle Initial) of Payee
GRSC Consulting
Mailing Address 2828 University Ave SE, #150
City Minneapolis State MN Zip Code 55414
Date 10 / 18 / 2012
Amount 73158.00
Transaction ID : D298684
Purpose of Expenditure Canvassing Services Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 3338352.08

(a) SUBTOTAL of Itemized Independent Expenditures..... 90898.12
(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.
Eliseo Medina [Electronically Filed] Date 01 / 31 / 2013
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee GRSC Consulting		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 2828 University Ave SE, #150		Amount 73158.00
City Minneapolis	State MN	
Zip Code 55414	Transaction ID : D298685	
Purpose of Expenditure Canvassing Services	Category/Type	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SHELLEY BERKLEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 105619.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee ProgressOhio.org		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 172 E. State Street, 6th Floor		Amount 87500.00
City Columbus	State OH	
Zip Code 43215	Transaction ID : D298686	
Purpose of Expenditure Canvassing Services	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3338352.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	160658.00
(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.

Eliseo Medina
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee ProgressOhio.org		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 172 E. State Street, 6th Floor		Amount 87500.00
City Columbus	State OH	
Zip Code 43215	Transaction ID : D298687	
Purpose of Expenditure Canvassing Services	Category/Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 307996.68		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Our DC		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 28096.75
City Washington	State DC	
Zip Code 20036	Transaction ID : D298689	
Purpose of Expenditure Est. payment for rally expenses	Category/Type 007	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3338352.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	115596.75
(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.

Eliseo Medina
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mack/Crouse Group LLC		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 4900 Seminary Road Suite 1020		Amount 1270.00
City Alexandria	State VA	Zip Code 22311
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Transaction ID : D298870
Name of Federal Candidate Supported or Opposed by Expenditure: C W BILL YOUNG		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2540.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mack/Crouse Group LLC		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 4900 Seminary Road Suite 1020		Amount 1270.00
City Alexandria	State VA	Zip Code 22311
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Transaction ID : D298871
Name of Federal Candidate Supported or Opposed by Expenditure: JESSICA D EHRLICH		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2540.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2540.00
(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.

Eliseo Medina [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Mack/Crouse Group LLC [MEMO ITEM]		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 4900 Seminary Road Suite 1020		Amount 1270.00
City Alexandria	State VA	Zip Code 22311
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Transaction ID : D298876
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MICHAEL GILL		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 53736.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mack/Crouse Group LLC [MEMO ITEM]		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 4900 Seminary Road Suite 1020		Amount 1270.00
City Alexandria	State VA	Zip Code 22311
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Transaction ID : D298878
Name of Federal Candidate Supported or Opposed by Expenditure: RODNEY DAVIS		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 53736.99		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(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 Eliseo Medina [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mack/Crouse Group LLC		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 4900 Seminary Road Suite 1020		Amount 3760.00
City Alexandria	State VA	Zip Code 22311
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Transaction ID : D298887
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 3338352.08		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Mack/Crouse Group LLC		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 4900 Seminary Road Suite 1020		Amount 3760.00
City Alexandria	State VA	Zip Code 22311
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Transaction ID : D298888
Name of Federal Candidate Supported or Opposed by Expenditure: SHELLEY BERKLEY		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 105619.69		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7520.00
(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.

Eliseo Medina [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Service Employees International Union PEA - Federal
FEC IDENTIFICATION NUMBER
C C00523621
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
Mack/Crouse Group LLC
Mailing Address 4900 Seminary Road Suite 1020
City Alexandria State VA Zip Code 22311
Purpose of Expenditure Voter Canvass Literature Category/Type 006
Office Sought: President
Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 3338352.08
Disbursement For: General 2012

Full Name (Last, First, Middle Initial) of Payee
SEIU General Fund
Mailing Address 1800 Massachusetts Ave NW
City Washington State DC Zip Code 20036
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/21-11/2 Category/Type 001
Office Sought: Senate
Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 341081.51
Disbursement For: General 2012

(a) SUBTOTAL of Itemized Independent Expenditures 3760.00
(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 Eliseo Medina Date 01/31/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund [MEMO ITEM]		Date 10 / 21 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 133597.18
City Washington State DC Zip Code 20036	Transaction ID : D299508	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/21-11/2	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SHELLEY BERKLEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	105619.69	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund [MEMO ITEM]		Date 10 / 21 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 366724.60
City Washington State DC Zip Code 20036	Transaction ID : D299509	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/21-11/2	Category/Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	307996.68	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(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.

Eliseo Medina **[Electronically Filed]** Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Service Employees International Union PEA - Federal
FEC IDENTIFICATION NUMBER
C C00523621
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
SEIU General Fund
[MEMO ITEM]
Mailing Address 1800 Massachusetts Ave NW
City Washington State DC Zip Code 20036
Purpose of Expenditure
Est. payment for salary and other canvass-related expenses from 10/21-11/2
Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL COFFMAN
Calendar Year-To-Date Per Election for Office Sought 86225.16

Date 10 / 21 / 2012
Amount 271548.05
Transaction ID : D299510
Office Sought: [X] House State: CO
Senate District: 06
President
Check One: [] Support [X] Oppose
Disbursement For: [] Primary [X] General 2012
Other (specify)

Full Name (Last, First, Middle Initial) of Payee
SEIU General Fund
[MEMO ITEM]
Mailing Address 1800 Massachusetts Ave NW
City Washington State DC Zip Code 20036
Purpose of Expenditure
Est. payment for salary and other canvass-related expenses from 10/21-11/2
Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure:
STEVEN ALEXZANDER HORSFORD
Calendar Year-To-Date Per Election for Office Sought 24101.69

Date 10 / 21 / 2012
Amount 271548.05
Transaction ID : D299511
Office Sought: [X] House State: NV
Senate District: 04
President
Check One: [X] Support [] Oppose
Disbursement For: [] Primary [X] General 2012
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 0.00
(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.

Eliseo Medina
[Electronically Filed]
Date 01 / 31 / 2013
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>		

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund [MEMO ITEM]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1800 Massachusetts Ave NW		Amount <input type="text"/>
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/21-11/2		Transaction ID : D299512
Category/Type <input type="text"/>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: <input type="text"/>
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) <input type="text"/>	
Amount <input type="text"/>		Transaction ID : D299512

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund [MEMO ITEM]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1800 Massachusetts Ave NW		Amount <input type="text"/>
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/21-11/2		Transaction ID : D299513
Category/Type <input type="text"/>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: JOE MIKLOSI		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) <input type="text"/>	
Amount <input type="text"/>		Transaction ID : D299513

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

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.

Eliseo Medina
Signature [Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund [MEMO ITEM]		Date 10 / 21 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 2212703.36
City Washington State DC Zip Code 20036	Transaction ID : D299514	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/21-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3338352.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund [MEMO ITEM]		Date 10 / 21 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 233841.81
City Washington State DC Zip Code 20036	Transaction ID : D299515	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/21-11/2	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE PACE II		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1490.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(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.

Eliseo Medina **[Electronically Filed]** Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date M M / D D / Y Y Y Y 10 / 21 / 2012
[MEMO ITEM] Mailing Address 1800 Massachusetts Ave NW		Amount 18939.62
City Washington	State DC	
Zip Code 20036	Transaction ID : D299516	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/21-11/2	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PAUL ODELL HIRSCHBIEL JR		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 12052.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee One Pennsylvania		Date M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 1500 North Second Street, Suite 11		Amount 1703.75
City Harrisburg	State PA	
Zip Code 17102	Transaction ID : D299517	
Purpose of Expenditure Est. payment for rally expenses	Category/ Type 007	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3338352.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1703.75
(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.

Eliseo Medina
Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee One Pennsylvania		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 1500 North Second Street, Suite 11		Amount 1703.75
City Harrisburg State PA Zip Code 17102	Transaction ID : D299518	
Purpose of Expenditure Est. payment for rally expenses	Category/ Type 007	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3338352.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Wisconsin [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 4513 Vernon Blvd Suite 300		Amount 10000.00
City Madison State WI Zip Code 53705	Transaction ID : D299579	
Purpose of Expenditure Estimated Payment for Canvass and GOTV activities starting 10/23	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3338352.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1703.75
(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.

Eliseo Medina [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Wisconsin [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 4513 Vernon Blvd Suite 300		Amount 10000.00
City Madison	State WI	Zip Code 53705
Purpose of Expenditure Estimated Payment for Canvass and GOTV activities starting 10/23	Category/Type 001	Transaction ID : D299582
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 341081.51		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Mission Control Inc [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 114A Mansfield Hollow Road		Amount 1270.42
City Mansfield Center	State CT	Zip Code 06250
Purpose of Expenditure Voter Canvass Literature	Category/Type 006	Transaction ID : D300471
Name of Federal Candidate Supported or Opposed by Expenditure: SEAN PATRICK MALONEY		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 14602.79		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(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.

Eliseo Medina
Signature **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mission Control Inc		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
[MEMO ITEM] Mailing Address 114A Mansfield Hollow Road		Amount 1270.41
City Mansfield Center	State CT	
Zip Code 06250	Transaction ID : D300472	
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: <u>NY</u> <input type="checkbox"/> Senate District: <u>18</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: NAN HAYWORTH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 14602.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mack/Crouse Group LLC		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 4900 Seminary Road Suite 1020		Amount 3465.00
City Alexandria	State VA	
Zip Code 22311	Transaction ID : D300473	
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3338352.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3465.00
(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.

Eliseo Medina [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mack/Crouse Group LLC		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 4900 Seminary Road Suite 1020		Amount 3465.00
City Alexandria	State VA	Zip Code 22311
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Transaction ID : D300474
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 341081.51		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Field Strategies Inc		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 888 16th St NW Ste 650		Amount 79970.00
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Canvassing Services	Category/ Type 001	Transaction ID : D300475
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 3338352.08		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83435.00
(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.

Eliseo Medina [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee Field Strategies Inc		Date 10 / 26 / 2012
Mailing Address 888 16th St NW Ste 650		Amount 79970.00
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Canvassing Services	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 325920.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D300476

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Wisconsin		Date 10 / 27 / 2012
Mailing Address 4513 Vernon Blvd Suite 300		Amount 5548.00
City Madison	State WI	Zip Code 53705
Purpose of Expenditure Est. payment for rally expenses	Category/Type 007	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3338352.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D300477

(a) SUBTOTAL of Itemized Independent Expenditures.....	85518.00
(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.

Eliseo Medina
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Wisconsin		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 4513 Vernon Blvd Suite 300		Amount 4854.33
City Madison	State WI	
Zip Code 53705	Transaction ID : D300478	
Purpose of Expenditure Est. payment for rally expenses	Category/ Type 007	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 341081.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Mack/Crouse Group LLC		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 4900 Seminary Road Suite 1020		Amount 1281.25
City Alexandria	State VA	
Zip Code 22311	Transaction ID : D300841	
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: GARY J. MCDOWELL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10775.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6135.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Eliseo Medina
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Mack/Crouse Group LLC		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 4900 Seminary Road Suite 1020		Amount 1281.25
City Alexandria	State VA	Zip Code 22311
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Transaction ID : D300842
Name of Federal Candidate Supported or Opposed by Expenditure: DANIEL J. BENISHEK		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 10775.46		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee The Pivot Group [MEMO ITEM]		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1720 I Street, NW Suite 550		Amount 2971.11
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Transaction ID : D301183
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 3338352.08		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1281.25
(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.

Eliseo Medina
 Signature _____ [Electronically Filed] Date MM / DD / YYYY
 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee The Pivot Group [MEMO ITEM]		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address 1720 I Street, NW Suite 550		Amount 2971.11	
City Washington	State DC	Zip Code 20006	
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Transaction ID : D301185	
Name of Federal Candidate Supported or Opposed by Expenditure: ANN MCLANE KUSTER		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
6375.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee The Pivot Group [MEMO ITEM]		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address 1720 I Street, NW Suite 550		Amount 2971.11	
City Washington	State DC	Zip Code 20006	
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Transaction ID : D301186	
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
4838.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(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.

Eliseo Medina
Signature [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Centaur North Strategic Communications		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address PO Box 1474		Amount 2300.00
City Whittier	State CA	
Zip Code 90609	Transaction ID : D301187	
Purpose of Expenditure Door Hangers	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3338352.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Centaur North Strategic Communications		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address PO Box 1474		Amount 2300.00
City Whittier	State CA	
Zip Code 90609	Transaction ID : D301188	
Purpose of Expenditure Door Hangers	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SHELLEY BERKLEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 105619.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4600.00
(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.

Eliseo Medina
Signature

[Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal
FEC IDENTIFICATION NUMBER C C00523621
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Mack/Crouse Group LLC
[MEMO ITEM]

Date 11 / 01 / 2012

Mailing Address 4900 Seminary Road Suite 1020

Amount 4680.48
Transaction ID : D301189

City Alexandria State VA Zip Code 22311

Purpose of Expenditure Voter Canvass Literature Category/Type 006

Office Sought: House Senate President
Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA

Disbursement For: Primary General Other (specify)

Calendar Year-To-Date Per Election for Office Sought 3338352.08

Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee Mack/Crouse Group LLC
[MEMO ITEM]

Date 11 / 01 / 2012

Mailing Address 4900 Seminary Road Suite 1020

Amount 4680.48
Transaction ID : D301190

City Alexandria State VA Zip Code 22311

Purpose of Expenditure Voter Canvass Literature Category/Type 006

Office Sought: House Senate President
Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE

Disbursement For: Primary General Other (specify)

Calendar Year-To-Date Per Election for Office Sought 325920.00

Disbursement For: Primary General Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 0.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

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Eliseo Medina

[Electronically Filed]

Date

01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee The Pivot Group [MEMO ITEM]		Date MM / DD / YYYY 11 / 02 / 2012	
Mailing Address 1720 I Street, NW Suite 550		Amount 1536.67	
City Washington	State DC	Zip Code 20006	Transaction ID : D301373
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3338352.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee The Pivot Group [MEMO ITEM]		Date MM / DD / YYYY 11 / 02 / 2012	
Mailing Address 1720 I Street, NW Suite 550		Amount 1536.66	
City Washington	State DC	Zip Code 20006	Transaction ID : D301374
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: ANN MCLANE KUSTER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6375.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Eliseo Medina
Signature [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee GRSC Consulting		Date M M / D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 2828 University Ave SE, #150		Amount 1867.38
City Minneapolis	State MN	Zip Code 55414
Purpose of Expenditure Canvassing Services from 11/3-11/6	Category/ Type 001	Transaction ID : D301401
Name of Federal Candidate Supported or Opposed by Expenditure: ANN MCLANE KUSTER		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 6375.15		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee GRSC Consulting		Date M M / D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 2828 University Ave SE, #150		Amount 1867.38
City Minneapolis	State MN	Zip Code 55414
Purpose of Expenditure Canvassing Services from 11/3-11/6	Category/ Type 001	Transaction ID : D301402
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 4838.49		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3734.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Eliseo Medina [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Centaur North Strategic Communications		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address PO Box 1474		Amount 2300.00 Transaction ID : D301405
City Whittier	State CA	
Zip Code 90609		
Purpose of Expenditure Door Hangers	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3338352.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Centaur North Strategic Communications		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address PO Box 1474		Amount 2300.00 Transaction ID : D301408
City Whittier	State CA	
Zip Code 90609		
Purpose of Expenditure Door Hangers	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SHELLEY BERKLEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 105619.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	4600.00
(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.

Eliseo Medina
Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mack/Crouse Group LLC [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012	
Mailing Address 4900 Seminary Road Suite 1020		Amount 8700.48	
City Alexandria	State VA	Zip Code 22311	Transaction ID : D301409
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3338352.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mack/Crouse Group LLC [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012	
Mailing Address 4900 Seminary Road Suite 1020		Amount 4020.00	
City Alexandria	State VA	Zip Code 22311	Transaction ID : D301410
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 341081.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Eliseo Medina **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y

Signature 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mack/Crouse Group LLC [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 4900 Seminary Road Suite 1020		Amount 4680.48
City Alexandria	State VA	
Zip Code 22311	Transaction ID : D301411	
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 325920.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Mission Control Inc [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 114A Mansfield Hollow Road		Amount 2325.00
City Mansfield Center	State CT	
Zip Code 06250	Transaction ID : D301640	
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3338352.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Eliseo Medina **[Electronically Filed]** Date **01 / 31 / 2013**

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Mission Control Inc [MEMO ITEM]		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 114A Mansfield Hollow Road		Amount 2325.00
City Mansfield Center	State CT	Zip Code 06250
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 341081.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D301641

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		MM / DD / YYYY
City		State
Zip Code		Amount
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	757149.96

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.

Eliseo Medina
Signature

[Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013