

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

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 Our DC			Date MM / DD / YYYY 10 / 06 / 2012		
Mailing Address 1800 Massachusetts Ave NW			Amount 34537.50		
City Washington State DC Zip Code 20036		Transaction ID : D296116			
Purpose of Expenditure Est. payment for rally expenses		Category/ Type 007	Office Sought: ☐ House ☐ Senate ☒ President State: _____ District: _____		Check One: ☐ Support ☒ Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY			Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 40922.50					
Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Wisconsin			Date MM / DD / YYYY 10 / 06 / 2012		
Mailing Address 4513 Vernon Blvd Suite 300			Amount 6385.00		
City Madison State WI Zip Code 53705		Transaction ID : D296121			
Purpose of Expenditure Est. payment for rally expenses		Category/ Type 007	Office Sought: ☐ House ☐ Senate ☒ President State: _____ District: _____		Check One: ☒ Support ☐ Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 40922.50					
(a) SUBTOTAL of Itemized Independent Expenditures.....			40922.50		
(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 <i>Eliseo Medina</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 08 / 2012	

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 2
FOR SE OF FORM 24/48

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

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D D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

SEIU Healthcare Wisconsin

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 4513 Vernon Blvd Suite 300

Amount

City

Madison

State

WI

Zip Code

53705

5586.67

Transaction ID : D296123

Purpose of Expenditure
Est. payment for rally expensesCategory/
Type

007

Office Sought:

☐ House

State: WI

☒ Senate

District:

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Tammy Baldwin

Calendar Year-To-Date Per Election
for Office Sought

5586.67

Disbursement For: ☐ Primary ☒ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

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

5586.67

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

46509.17

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

Signature