

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation 1199SEIU UNITED HEALTHCARE WORKERS EAST		3. FEC Identification Number C C90013426
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 330 WEST 42ND STREET		
(c) City, State and ZIP Code NEW YORK NY 10036		
2.	Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Individual filers only Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year-End Report

☐ 24-Hour Report

☒ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

<div><div>M M M</div><div>10</div></div>	/	<div><div>D D D</div><div>15</div></div>	/	<div><div>Y Y Y Y Y</div><div>2012</div></div>
THROUGH				
<div><div>M M M</div><div>10</div></div>	/	<div><div>D D D</div><div>19</div></div>	/	<div><div>Y Y Y Y Y</div><div>2012</div></div>

6. TOTAL CONTRIBUTIONS00
7. TOTAL INDEPENDENT EXPENDITURES	25010.00

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 any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE _____

[Electronically Filed]

Alexander Rabb

Alexander Rabb

10/19/2012

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

1199SEIU UNITED HEALTHCARE WORKERS EAST

Full Name (Last, First, Middle Initial) of Payee Clear Channel		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 7601 Riviera Blvd.		Amount 10000.00	
City Miramar	State FL	Zip Code 33023	Transaction ID : F57.000001
Purpose of Expenditure Radio Ad	Category/ Type 004	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 10000.00		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 WMBM/New Birth Broadcasting Corp.		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 13242 NW 7th Ave		Amount 10010.00	
City Miami	State FL	Zip Code 33168	Transaction ID : F57.000002
Purpose of Expenditure Radio Ads	Category/ Type 004	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 10010.00		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 Univision		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address Greenpointe Centre West 500 Frank W. Burr Blvd. 6th Floor		Amount 5000.00	
City Teaneck	State NJ	Zip Code 07666	Transaction ID : F57.000003
Purpose of Expenditure Radio Ads	Category/ Type 004	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 5000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	25010.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	25010.00