

24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

10/09/2008 12 : 08

330 WEST 42ND STREET, 7TH FLOOR

NEW YORK

NY

10036

FEC ID No. C00348540☒ 24-Hour Notice ☐ 48-Hour Notice**SCHEDULE E (FEC Form 3X)****ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC-
AL ACTION FUND**FEC IDENTIFICATION NUMBER****C** C00348540Check if ☒ 24-hour notice ☐ 48-hour notice

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Date

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Amount

7231.75

Mailing Address

330 WEST 42ND STREET

City

NEW YORK

State

NY

Zip Code

10036

Purpose of Expenditure

REIMBURSE STAFF SALA-
RIES & BENEFITSCategory/
Type

Office Sought:

☐ House

State: PA

☐ Senate

District: _____

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____**Transaction ID: SE.6089**

Calendar Year-To-Date Per Election

698394.63

for Office Sought

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Date

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Amount

3434.67

Mailing Address

330 WEST 42ND STREET

City

NEW YORK

State

NY

Zip Code

10036

Purpose of Expenditure

REIMBURSE STAFF SALA-
RIES AND BENEFITSCategory/
Type

Office Sought:

☐ House

State: NV

☐ Senate

District: _____

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____**Transaction ID: SE.6091**

Calendar Year-To-Date Per Election

209491.60

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

10666.42

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

10666.42

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.

PATRICK GASPARD

Signature

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8