

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)			FEC IDENTIFICATION NUMBER ▼ C C00004036	
Check If ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / 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 Y Y	
Mailing Address 1800 Massachusetts Ave NW			Amount 2096.65	
City Washington State DC Zip Code 20036		Transaction ID : D270504		
Purpose of Expenditure Est. Payment for Salary & Benefits		Category/ Type 001	Office Sought: ☒ House State: PA ☐ Senate District: 12 ☐ President Check One: ☒ Support ☐ Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ			Disbursement For: ☒ Primary ☐ General ☐ Other (specify)	
Calendar Year-To-Date Per Election for Office Sought 5546.65			2012	
Full Name (Last, First, Middle Initial) of Payee Mission Control Inc			Date M M / D D / Y Y Y Y Y Y	
Mailing Address 201 Adams Street			Amount 3450.00	
City Manchester State CT Zip Code 06040		Transaction ID : D270406		
Purpose of Expenditure Direct Mail		Category/ Type 004	Office Sought: ☒ House State: PA ☐ Senate District: 12 ☐ President Check One: ☒ Support ☐ Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ			Disbursement For: ☒ Primary ☐ General ☐ Other (specify)	
Calendar Year-To-Date Per Election for Office Sought 5546.65			2012	
(a) SUBTOTAL of Itemized Independent Expenditures.....			5546.65	
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....			5546.65	
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. <i>Eliseo Medina</i> Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y				