

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

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FOR SE OF FORM 24/48

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

Full Name (Last, First, Middle Initial) of Payee Field Strategies Inc		Date 10 / 18 / 2012
Mailing Address 888 16th St NW Ste 650		Amount 90000.00
City Washington State DC Zip Code 20006	Transaction ID : D298681	
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 5733600.85		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 10 / 18 / 2012
Mailing Address 888 16th St NW Ste 650		Amount 90000.00
City Washington State DC Zip Code 20006	Transaction ID : D298682	
Purpose of Expenditure Canvassing Services	Category/Type 001	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 690721.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(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 10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee GRSC Consulting		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>
Mailing Address 2828 University Ave SE, #150		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 19607.50 </div>
City Minneapolis State MN Zip Code 55414	Transaction ID : D298683	
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 5733600.85		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 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>
Mailing Address 2828 University Ave SE, #150		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 73158.00 </div>
City Minneapolis State MN Zip Code 55414	Transaction ID : D298684	
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 5733600.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 92765.50 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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Eliseo Medina
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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
Purpose of Expenditure Canvassing Services	Category/Type	Transaction ID : D298685
Name of Federal Candidate Supported or Opposed by Expenditure: SHELLEY BERKLEY		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: _____
Calendar Year-To-Date Per Election for Office Sought 500067.80		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 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
Purpose of Expenditure Canvassing Services	Category/Type 001	Transaction ID : D298686
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 5733600.85		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.....	160658.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Signature Eliseo Medina [Electronically Filed] Date MM / DD / YYYY 10 / 18 / 2012

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

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 : 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 906078.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		MM / DD / YYYY
City	State	Amount
Zip Code		
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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..... ▶	87500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	589998.50

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
10 / 18 / 2012