

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

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00004036 </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 Novak Media		Date MM / DD / YYYY 03 / 29 / 2012
Mailing Address 159 W Main St		Amount 3446.00
City Webster	State NY	Zip Code 14580
Purpose of Expenditure Radio Advertising Production	Category/Type 001	Transaction ID : D269884
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT J GARAGIOLA		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 28861.95		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee WLZL		Date MM / DD / YYYY 03 / 29 / 2012
Mailing Address 4200 Parliament Place		Amount 9825.00
City Lanham	State MD	Zip Code 20706
Purpose of Expenditure Radio Ad Buy	Category/Type 004	Transaction ID : D269883
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT J GARAGIOLA		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 28861.95		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13271.00
(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 MM / DD / YYYY
03 / 30 / 2012

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

NAME OF COMMITTEE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00004036 </div>
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Full Name (Last, First, Middle Initial) of Payee Nassau Broadcasting-Maryland	Date <div style="border: 1px solid black; padding: 2px; text-align: center;"> 03 / 29 / 2012 </div>
Mailing Address PO Box 95000	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2528.75 </div>
City Philadelphia State PA Zip Code 19195	Transaction ID : D269921
Purpose of Expenditure Radio Ad Buy	Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT J GARAGIOLA	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 28861.95 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought	Date

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 2528.75 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 15799.75 </div>

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 03 / 30 / 2012