

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
0 8 / 2 0 / 2 0 0 8

Amount

185510.45

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: CO

☐ Senate

District: _____

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____**Transaction ID: SE.5978**

Calendar Year-To-Date Per Election

207369.51

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
0 8 / 2 0 / 2 0 0 8

Amount

266610.52

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: FL

☐ Senate

District: _____

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____**Transaction ID: SE.5980**

Calendar Year-To-Date Per Election

332307.05

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

452120.97

(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.

PATRICK GASPARD

Signature

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

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AL ACTION FUND

FEC IDENTIFICATION NUMBER

C C00348540

Check 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
0 8 / 2 0 / 2 0 0 8

Amount

134980.86

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: MI

☐ Senate

District: _____

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: SE.5982

Calendar Year-To-Date Per Election

329972.23

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
0 8 / 2 0 / 2 0 0 8

Amount

265349.28

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: OH

☐ Senate

District: _____

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: SE.5986

Calendar Year-To-Date Per Election

431903.96

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

400330.14

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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PATRICK GASPARD

Signature

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Check 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
0 8 / 2 0 / 2 0 0 8

Mailing Address

330 WEST 42ND STREET

Amount

231495.60

City

NEW YORK

State

NY

Zip Code

10036

Purpose of Expenditure

REIMBURSE STAFF SALA-
RIES AND BENEFITSCategory/
Type

Office Sought:

☐ House

State: PA

☐ Senate

District: _____

☒ Presidential

Check One:

☒ Support☐ Oppose

Name of Federal Candidate supported or Opposed by expenditure:

BARACK OBAMA

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: SE.5990

Calendar Year-To-Date Per Election

547126.76

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

231495.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

1083946.71

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PATRICK GASPARD

Signature

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8