

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

|   |  |
|---|--|
| 1. (a) Name of Individual, Organization or Corporation<br><b>SEIU Florida State Council</b>                                       |  |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br><b>2881 Corporate Way</b> |  |
| (c) City, State and ZIP Code<br><b>Miramar, FL 33025</b>  | 3. FEC Identification Number<br><b>C</b> |
| 2. Occupation and Name of Employer (for Individual Filers Only)   |  |

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  24-Hour Report  
 October 15 Quarterly Report  48-Hour Report  
 January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on

5. COVERING PERIOD: FROM **07 01 2016**  
THROUGH **09 30 2016**

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES .....

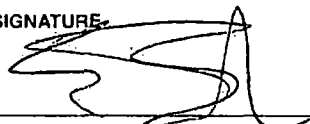
**1,148.89**

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

**Eric Brakken**

SIGNATURE



DATE

**10/14/16**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

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The SEIU Florida State Council did not solicit any contributions for the purpose of making ITEMIZED RECEIPTS the independent expenditures disclosed on this report.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

**A. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

**B. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

**C. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

**D. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

|  |   |  |  |  |
|--|---|--|--|--|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ |  |  |  |
| <b>TOTAL</b> This Period (last page carry total to Line 6) ..... | ▶ |  |  |  |

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**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**SEIU Florida State Council**

|   |                    |  |  |
|---|--------------------|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>SEIU-CC, LLC</b>                     |                    | Date of Public Distribution/Dissemination<br><b>08' 28' 2016</b>   |  |
| Mailing Address<br><b>330 W. 42<sup>nd</sup> Street, 7<sup>th</sup> Floor</b>               |                    | Amount<br><b>1,148.89</b>  |  |
| City<br><b>New York</b>   | State<br><b>FL</b> | Zip Code<br><b>10036-6902</b>  |  |
| Purpose of Expenditure<br><b>Phone Bank Services</b>  | Category/Type      | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                      | State: <b>FL</b><br>District: <b>9</b> |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Randolph, Susannah</b> |                    | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |
| Calendar Year-To-Date Per Election for Office Sought<br><b>1,148.89</b>                     |                    | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |  |

|  |               |   |                                 |
|--|---------------|---|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee               |               | Date of Public Distribution/Dissemination   |                                 |
| Mailing Address  |               | Amount  |                                 |
| City   | State         | Zip Code  |                                 |
| Purpose of Expenditure   | Category/Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                      | State: _____<br>District: _____ |
| 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<br><input type="checkbox"/> Other (specify) _____ |                                 |

|  |               |   |                                 |
|--|---------------|---|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee               |               | Date of Public Distribution/Dissemination   |                                 |
| Mailing Address  |               | Amount  |                                 |
| City   | State         | Zip Code  |                                 |
| Purpose of Expenditure   | Category/Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                      | State: _____<br>District: _____ |
| 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<br><input type="checkbox"/> Other (specify) _____ |                                 |

|   |                 |
|---|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....                                    | <b>1,148.89</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                  |                 |
| (c) TOTAL Independent Expenditures.....<br>(carry total from last page forward to Line 7) | <b>1,148.89</b> |

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**Via E-Mail**

2016110170910010787M

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *E-Mail* Date of Receipt or Postmarked  
*10/14/16*

 *10/17/16*  
 PREPARER DATE PREPARED

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