

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

PAGE 1 OF 5
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 type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Mission Control Inc	Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address 114A Mansfield Hollow Road	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23847.44</div>
City Mansfield Center State CT Zip Code 06250	Transaction ID : D292941
Purpose of Expenditure Direct Mail Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">29197.44</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee The New Media Firm, Inc.	Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address 1730 Rhode Island Ave NW Ste 213	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16270.48</div>
City Washington State DC Zip Code 20036	Transaction ID : D292940
Purpose of Expenditure TV Advertising Production Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DANIEL J. BENISHEK	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">168284.03</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	40117.92
(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

M M M /

D D D /

Y Y Y Y Y Y

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>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Mack/Crouse Group LLC		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>
Mailing Address 4900 Seminary Road Suite 1020		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2845.00</div>
City Alexandria State VA Zip Code 22311	Transaction ID : D292937	
Purpose of Expenditure Voter Canvass Literature	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHERI BUSTOS		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; display: inline-block; width: 150px; text-align: right;">6422.12</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mack/Crouse Group LLC		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>
Mailing Address 4900 Seminary Road Suite 1020		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2845.00</div>
City Alexandria State VA Zip Code 22311		Transaction ID : D292938
Purpose of Expenditure Voter Canvass Literature	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT T. SCHILLING		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">6422.12</div>		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;">5690.00</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>

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

M M M / D D D / Y Y Y Y Y Y

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>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Chambers Lopez Strategies	Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">09 /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">18 /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">2012</div>	
Mailing Address PO Box 5539	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">18799.00</div>	
City Arlington State VA Zip Code 22205		
Purpose of Expenditure TV Advertising Production	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>	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: MITT ROMNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2911253.20</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D292942

Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies	Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">09 /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">18 /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">2012</div>	
Mailing Address 1010 Wisconsin Avenue, NW Suite 800	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">238493.80</div>	
City Washington State DC Zip Code 20007		
Purpose of Expenditure TV Advertising Buy	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSEPH COORS JR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">248858.99</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D292935

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">257292.80</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>

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

09 /

19 /

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>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 1010 Wisconsin Avenue, NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">151281.43</div>
City Washington State DC Zip Code 20007	Transaction ID : D292939	
Purpose of Expenditure TV Advertising Buy	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DANIEL J. BENISHEK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">168284.03</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 1010 Wisconsin Avenue, NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">124989.70</div>
City Washington State DC Zip Code 20007	Transaction ID : D292943	
Purpose of Expenditure TV Advertising Buy	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD SCOTT RIGELL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">136669.58</div>		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;">276271.13</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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

M M / D D / Y Y Y Y Y Y

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>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Putnam Partners LLC	Date <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 2601 Wilson Blvd. Suite 201	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">10991.38</div>	
City Arlington State VA Zip Code 22201		
Purpose of Expenditure TV Advertising Production	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD SCOTT RIGELL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">136669.58</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D292944

Full Name (Last, First, Middle Initial) of Payee	Date	
Mailing Address	Amount	
City State 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..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">10991.38</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">590363.23</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

M M / D D / Y Y Y Y Y Y