

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) 1199 SEIU United Healthcare Workers East Federal Political Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00348540		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee 1199 SEIU United Healthcare Workers East			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2024		
Mailing Address 498 Seventh Ave			Amount 600.00		
City State Zip Code New York NY 10018		Transaction ID : 500117887 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Digital Ad buy (Estimate)		Category/ Type			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 83992.29			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee 1199 SEIU United Healthcare Workers East			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2024		
Mailing Address 498 Seventh Ave			Amount 600.00		
City State Zip Code New York NY 10018		Transaction ID : 500117888 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Digital Ad buy (Estimate)		Category/ Type			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 83992.29			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1200.00		
(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.					
Signature Schaub, Helen, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 18 / 2024		

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NAME OF COMMITTEE (In Full) 1199 SEIU United Healthcare Workers East Federal Political Action Fund		FEC IDENTIFICATION NUMBER ▼ C C00348540
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee 1199 SEIU United Healthcare Workers East		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2024
Mailing Address 498 Seventh Ave		Amount 1200.00
City New York	State NY	Zip Code 10018
Purpose of Expenditure Digital Ad buy (Estimate)	Category/ Type	Transaction ID : 500117889 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate JONES, MONDAIRE, , ,		☒ Support Office Sought: ☒ House District: 17 ☐ Oppose ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee 1199 SEIU United Healthcare Workers East		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2024
Mailing Address 498 Seventh Ave		Amount 1200.00
City New York	State NY	Zip Code 10018
Purpose of Expenditure Digital Ad buy (Estimate)	Category/ Type	Transaction ID : 500117890 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate GILLEN, LAURA, , ,		☒ Support Office Sought: ☒ House District: 04 ☐ Oppose ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2400.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	3600.00

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.

Signature
Schaub, Helen, , ,

Date

MM / DD / YYYY
10 / 18 / 2024