

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 6  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>SEIU COPE (Service Employees International Union Committee On Political Education)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00004036
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		MM / DD / YYYY

Full Name of Payee <b>SEIU General Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>
Mailing Address <b>1800 Massachusetts Ave NW</b>		Amount <b>923.25</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>
Purpose of Expenditure <b>Buttons</b>	Category/Type <b>006</b>	Transaction ID : <b>D368793</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2016</b>
Name of Federal Candidate <b>CLINTON, HILLARY RODHAM, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>1436142.73</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>SEIU General Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>
Mailing Address <b>1800 Massachusetts Ave NW</b>		Amount <b>917.45</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>
Purpose of Expenditure <b>Rally Signs</b>	Category/Type <b>006</b>	Transaction ID : <b>D368794</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2016</b>
Name of Federal Candidate <b>CLINTON, HILLARY RODHAM, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>1436142.73</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1840.70</b>
(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.

*Hudson, Gerald, , ,*

[Electronically Filed]

Date

 MM / DD / YYYY  
**10 / 26 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>SEIU COPE (Service Employees International Union Committee On Political Education)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00004036
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		MM / DD / YYYY

Full Name of Payee <b>SEIU General Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2016
Mailing Address 1800 Massachusetts Ave NW		Amount 591.00
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Ponchos	Category/ Type 006	Transaction ID : D368795 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		1436142.73

Full Name of Payee <b>Image Pointe</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2016
Mailing Address 1224 La Porte Road		Amount 631.28
City Waterloo	State IA	Zip Code 50702
Purpose of Expenditure T-shirts	Category/ Type 006	Transaction ID : D368792 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		1436142.73

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1222.28
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>SEIU COPE (Service Employees International Union Committee On Political Education)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00004036
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		MM / DD / YYYY

Full Name of Payee <b>Image Pointe</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 26 / 2016</b>
Mailing Address <b>1224 La Porte Road</b>		Amount <b>591.04</b>
City <b>Waterloo</b>	State <b>IA</b>	Zip Code <b>50702</b>
Purpose of Expenditure <b>Ponchos</b>	Category/Type <b>006</b>	Transaction ID : <b>D368816</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 26 / 2016</b>
Name of Federal Candidate <b>CLINTON, HILLARY RODHAM, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>1436142.73</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Image Pointe</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 26 / 2016</b>
Mailing Address <b>1224 La Porte Road</b>		Amount <b>4284.25</b>
City <b>Waterloo</b>	State <b>IA</b>	Zip Code <b>50702</b>
Purpose of Expenditure <b>T-Shirts</b>	Category/Type <b>006</b>	Transaction ID : <b>D368817</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 26 / 2016</b>
Name of Federal Candidate <b>CLINTON, HILLARY RODHAM, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>1436142.73</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>4875.29</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 4 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>SEIU COPE (Service Employees International Union Committee On Political Education)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00004036
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		MM / DD / YYYY

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>
Mailing Address 1010 Wisconsin Avenue, NW Suite 800		Amount <b>940130.56</b>
City Washington	State DC	Zip Code 20007
Purpose of Expenditure Television Ad Buy	Category/Type <b>004</b>	Transaction ID : <b>D368805</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2016</b>
Name of Federal Candidate AYOTTE, KELLY A, ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>
Mailing Address 1010 Wisconsin Avenue, NW Suite 800		Amount <b>528823.44</b>
City Washington	State DC	Zip Code 20007
Purpose of Expenditure Television Ad Buy	Category/Type <b>004</b>	Transaction ID : <b>D368806</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2016</b>
Name of Federal Candidate TRUMP, DONALD J, ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>1468954.00</b>
(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.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 5 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>SEIU COPE (Service Employees International Union Committee On Political Education)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00004036
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		MM / DD / YYYY

Full Name of Payee <b>SKD Knickerbocker LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>
Mailing Address <b>1150 18th St NW</b> <b>Ste 800</b>		Amount <b>3168.00</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>
Purpose of Expenditure <b>Television Ad Production</b>	Category/Type <b>004</b>	Transaction ID : <b>D368803</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2016</b>
Name of Federal Candidate <b>TRUMP, DONALD J, ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>1436142.73</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>SKD Knickerbocker LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>
Mailing Address <b>1150 18th St NW</b> <b>Ste 800</b>		Amount <b>5632.00</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>
Purpose of Expenditure <b>Television Ad Production</b>	Category/Type <b>004</b>	Transaction ID : <b>D368804</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2016</b>
Name of Federal Candidate <b>AYOTTE, KELLY A, ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought <b>945762.56</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>8800.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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.

Hudson, Gerald, , ,

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Date

MM / DD / YYYY  
**10 / 26 / 2016**

Signature

NAME OF COMMITTEE (In Full) <b>SEIU COPE (Service Employees International Union Committee On Political Education)</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00004036</span> </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="font-size: 2em; margin: 0 10px;">➤</span> <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y</div> </div>	

Full Name of Payee <b>NG Slater Corp</b>		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 26 / 2016</div> </div>	
Mailing Address 42 W 38th St Ste 1002		Amount <div> <div></div> <div>571.37</div> </div>	
City New York	State NY	Zip Code 10018	<b>Transaction ID : D368815</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>10 / 26 / 2016</div> </div>
Purpose of Expenditure Buttons		Category/ Type <div>006</div>	
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>1436142.73</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount \$ _____
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
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.....	▶	571.37
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	1486263.64

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.

*[Electronically Filed]*

Signature

Date \_\_\_\_\_