

24/48 HOUR REPORT 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	

Full Name of Payee SEIU General Fund			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 01 / 2016</div> </div>		
Mailing Address 1800 Massachusetts Ave NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15316.14</div>		
City Washington	State DC	Zip Code 20036	Transaction ID : D366770 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 01 / 2016</div> </div>		
Purpose of Expenditure Estimated Cost: Salary & Other Canvass-Related Expenses from 8/1-8/31		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Name of Federal Candidate DONALD J TRUMP		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">289132.26</div>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►			

Full Name of Payee SEIU General Fund			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 01 / 2016</div> </div>		
Mailing Address 1800 Massachusetts Ave NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">34775.70</div>		
City Washington	State DC	Zip Code 20036	Transaction ID : D366771 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 01 / 2016</div> </div>		
Purpose of Expenditure Estimated Cost: Salary & Other Canvass-Related Expenses from 8/1-8/31		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Name of Federal Candidate HILLARY RODHAM CLINTON		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">289132.26</div>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►			

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;">50091.84</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; 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.

Gerald Hudson

[Electronically Filed]

Date

 MM / DD / YYYY
 08 / 03 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 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 ▼ C C00004036
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		MM / DD / YYYY

Full Name of Payee SEIU General Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2016
Mailing Address 1800 Massachusetts Ave NW		Amount 1195.28
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Estimated Cost: Salary & Other Canvass-Related Expenses from 8/1-8/31	Category/Type 001	Transaction ID : D366772 Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2016
Name of Federal Candidate TAMMY DUCKWORTH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	3343.59	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SEIU General Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2016
Mailing Address 1800 Massachusetts Ave NW		Amount 1061.72
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Estimated Cost: Salary & Other Canvass-Related Expenses from 8/1-8/31	Category/Type 001	Transaction ID : D366773 Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2016
Name of Federal Candidate PATRICK E MURPHY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	4119.58	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2257.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee SEIU General Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2016
Mailing Address 1800 Massachusetts Ave NW		Amount 1195.28
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Estimated Cost: Salary & Other Canvass-Related Expenses from 8/1-8/31		Transaction ID : D366774 Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2016
Name of Federal Candidate BRADLEY SCOTT SCHNEIDER		Category/Type 001
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 1195.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SEIU General Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2016
Mailing Address 1800 Massachusetts Ave NW		Amount 1045.87
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Estimated Cost: Salary & Other Canvass-Related Expenses from 8/1-8/31		Transaction ID : D366775 Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2016
Name of Federal Candidate S. RAJA KRISHNAMOORTHY		Category/Type 001
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 1045.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2241.15
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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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	

Full Name of Payee SEIU General Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2016	
Mailing Address 1800 Massachusetts Ave NW		Amount 1375.20	
City Washington	State DC	Zip Code 20036	Transaction ID : D366776
Purpose of Expenditure Estimated Cost: Salary & Other Canvass-Related Expenses from 8/1-8/31		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2016
Name of Federal Candidate MARGARET WOOD HASSAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1375.20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee SEIU General Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2016	
Mailing Address 1800 Massachusetts Ave NW		Amount 18638.16	
City Washington	State DC	Zip Code 20036	Transaction ID : D366777
Purpose of Expenditure Estimated Cost: Salary & Other Canvass-Related Expenses from 8/1-8/31		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2016
Name of Federal Candidate TED STRICKLAND		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 100348.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	20013.36
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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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: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee SEIU General Fund		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 08 / 01 / 2016	
Mailing Address 1800 Massachusetts Ave NW		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">1094.49</div>	
City Washington	State DC	Zip Code 20036	Transaction ID : D366778 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 08 / 01 / 2016
Purpose of Expenditure Estimated Cost: Salary & Other Canvass-Related Expenses from 8/1-8/31		Category/Type 001	
Name of Federal Candidate KATHLEEN ALANA MCGINTY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">3413.94</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 <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>	
Mailing Address		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>
Purpose of Expenditure		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	
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 <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px;">1094.49</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px;">75697.84</div>

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08 / 03 / 2016

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