



"Bob Hauptman" <Bob.Hauptman@seiu.org> on 10/30/2008 04:23:55 PM

To: <2022190174@fcc.gov>
cc:

Subject: attached Form 9s for SEIU ID #C30001036

please find attached two Form 9 filings for SEIU

bob.hauptman@seiu.org

Phone # 202.730.7489 Fax # 202.429.5565

1800 Mass. Ave., NW Washington, DC 20036



seiu form 9 oct30_1.pdf seiu form 9 oct30_2.pdf

28039910173

Fax TO 202-219-0174

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Service Employees International Union

(b) Address (number and street) check if different than previously reported

1800 Massachusetts Ave, NW

(c) City, State and ZIP Code

Washington DC 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C30001036

3. Is This Statement

New

or

Amended

4. Covering Period

10 30 2008

through

10 30 2008

5. (a) Date of Public Distribution(s)

(b) Communication Title

'WORNIE SICK'

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(c) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No

8. Custodian of Records

(a) Name

LIZ GUSTAFSON

(b) Address (number and street)

1800 Massachusetts Ave NW

(c) City, State and ZIP Code

Washington DC 20036

(d) Name of Employer or Principal Place of Business

SEIU

Washington DC

(e) Occupation

CFO

9. Total Donations This Statement

150,000.00

10. Total Disbursements/Obligations This Statement

150,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

LIZ GUSTAFSON

SIGNATURE

DATE

10/24/08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g

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List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name NONE	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
B. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

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SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Service Employees International Union</p> <p>Mailing Address of Donor 1800 Massachusetts Ave NW</p> <p>City State Zip Washington DC 20036</p>	<p>Date of Receipt 10 30 2008</p> <p>Amount 150,000.00</p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>

SUBTOTAL of Donations This Page (optional) ▶ **150,000.00**

TOTAL This Period (last page this line number only) ▶ **150,000.00**
 (carry total from last page to Line 9)

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SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

28039910177

A. Full Name (Last, First, Middle Initial) of Payee		Date of Disbursement or Obligation 10 30 2008
Mailing Address of Payee		Amount 150,000.00
City	State	Zip Code
Name of Employer		Occupation
Purpose of Disbursement (Including title(s) of communication(s)) TV ads - "WORRIED SICK"		
Name of Federal Candidate JOHN McCAIN	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
B. Full Name (Last, First, Middle Initial) of Payee		Date of Disbursement or Obligation M M / D D / Y Y Y Y
Mailing Address of Payee		Amount
City	State	Zip Code
Name of Employer		Occupation
Purpose of Disbursement (Including title(s) of communication(s))		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		150,000.00
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		150,000.00

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.

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<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-MAIL</i>	Date of Receipt or Postmarked <i>10/30/08</i>
<i>[Signature]</i> PREPARER	<i>10/30/08</i> DATE PREPARED