REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

Service Employees International Union

ADDRESS (number and street) ___ Check if different than previously reported

1313 L Street, N.W.

CITY, STATE and ZIP CODE

Washington, D.C. 20005

2. FEC IDENTIFICATION NUMBER

C00004036

3. ___ This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on ___ date

4. TYPE OF REPORT

(a) ___ April 15 Quarterly Report

___ July 15 Quarterly Report

___ October 15 Quarterly Report

___ January 31 Year End Report

___ July 31 Mid Year Report (Non election Year Only)

___ Termination Report

Monthly Report Due On:

___ February 20 ___ June 20 X October 20

___ March 20 ___ July 20 ___ November 20

___ April 20 ___ August 20 ___ December 20

___ May 20 ___ September 20 ___ January 31

___ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

___ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ___ YES X NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 9/1/93 through 9/30/93		
6. (a) Cash on Hand January 1, 19 93		$ 123,484.46
(b) Cash on Hand at Beginning of Reporting Period	$ 287,693.26	
(c) Total Receipts (from Line 19)	$ 41,867.57	$ 365,275.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 329,560.83	$ 488,760.21
7. Total Disbursements (from Line 30)	$ 3,250.00	$ 162,449.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 326,310.83	$ 326,310.83
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact: Federal Election Commission, 999 E Street, NW, Washington, DC 20463, Toll Free 800 424-9530, Local 202 219 3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Richard W. Corritz, Secretary-Treasurer

Signature of Treasurer

Date 10/20/93

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

FEC FORM 3X

(Revised 11/91)

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