

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

C70003124

3. Is This Statement

New

or

Amended

4. Covering Period

08 / 12 / 2008

through

08 / 12 / 2008

5. (a) Date of Public Distribution(s) 08 / 12 / 2008

(b) Communication Title RADIO ADS

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

(d) 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

(e) Occupation

9. Total Donations This Statement

18,126.68

10. Total Disbursements/Obligations This Statement

18,126.68

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

ROBERT HAUTSMAN

SIGNATURE

Robert Hautsman

DATE

8/13/08

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

28039813443

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor SERVICE EMPLOYEES INTERNATIONAL UNION Mailing Address of Donor 1800 Massachusetts Ave NW City State Zip Washington DC 20036</p>	<p>Date of Receipt 08 / 12 / 2008 Amount 18,126.68</p>
<p>B. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</p>
<p>C. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</p>
<p>D. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</p>
<p>E. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>18,126.68</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>18,126.68</p>

2803981344A

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee The New Media Firm, Inc.				Date of Disbursement or Obligation 08 / 12 / 2008	
Mailing Address of Payee 1634 I St NW Ste 704				Amount 18,126.68	
City Washington DC		State DC		Zip Code 20006	
Name of Employer _____		Occupation _____		Communication Date 08 / 12 / 2008	
Purpose of Disbursement (Including title(s) of communication(s)) Radio Ads					
Name of Federal Candidate JOHN MCCAIN		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input 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 _____	
Mailing Address of Payee _____				Amount _____	
City _____		State _____		Zip Code _____	
Name of Employer _____		Occupation _____		Communication Date _____	
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) ▶				18,126.68	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				18,126.68	

28039813445

**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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label	<input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
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Postmark Illegible

No Postmark

<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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N/A
 PREPARER

N/A
 DATE PREPARED

28039813446