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March 23, 2009

ANDREW L. STERN
International President

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

ANNA BURGER
International Secretary-Treasurer

Dear Sir or Madam:

ANNELLE GRAJEDA
Executive Vice President

Enclosed please find for filing an Amended FEC Form 1.

MARY KAY HENRY
Executive Vice President

Thank you for your attention to this matter.

GERRY HUDSON
Executive Vice President

Very truly yours,

ELISEO MEDINA
Executive Vice President

DAVE REGAN
Executive Vice President

John J. Sullivan
Associate General Counsel

TOM WOODRUFF
Executive Vice President

JJS/ab

Enclosure

SERVICE EMPLOYEES
INTERNATIONAL UNION
CTW, CLC

1800 Massachusetts Ave NW
Washington, D.C. 20036

202.730.7000

TDD: 202.730.7481

www.SEIU.org

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FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

SEIU, COPE

SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION

ADDRESS (number and street)

1800 MASSACHUSETTS AVENUE, N.W.

(Check if address is changed)

WASHINGTON DC 20036

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

STBURGER@SEIU.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.SETIU.ORG

2. DATE

03 23 2009

3. FEC IDENTIFICATION NUMBER

C 00004036

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

ANNA BURGER

Signature of Treasurer

Anna Burger

Date

03 23 2009

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation Corporation w/o Capital Stock Labor Organization
 Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number:
2. _____ FEC ID number:
3. _____ FEC ID number:
4. _____ FEC ID number:

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Write or Type Committee Name

SEIU COPE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

SERVICE EMPLOYEES INTERNATIONAL UNION SEIU

Mailing Address 1800 MASSACHUSETTS AVENUE, N.W. WASHINGTON DC 20036 CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name LIZ GUSTAFSON Mailing Address 1800 MASSACHUSETTS AVENUE, N.W. WASHINGTON DC 20036 CITY STATE ZIP CODE

Title or Position CFO Telephone number 202-730-7000

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer ANNA BURGER Mailing Address 1800 MASSACHUSETTS AVENUE, N.W. WASHINGTON DC 20036 CITY STATE ZIP CODE

Title or Position TREASURER Telephone number 202-730-7000

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Full Name of Designated Agent

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid line]

Telephone number

[Empty grid line]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

AMALGAMATED BANK

Mailing Address

1825 K STREET, N.W.

[Empty grid line]

WASHINGTON DC 20036

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address

730 15th STREET, N.W.

[Empty grid line]

WASHINGTON DC 20005

CITY

STATE

ZIP CODE

29030062470

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"/> 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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JAD
 PREPARER
 (3/2005)

4/6/09
 DATE PREPARED

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