



"Bob Hauptman" <Bob.Hauptman@seiu.org> on 08/14/2008 09:56:56 PM

To: <2022190174@fec.gov>
cc: "Bob Hauptman" <Bob.Hauptman@seiu.org>
Subject: C70003124 FEC- Form 9

please contact me if any problems in this transmission

Bob Hauptman
202.431.9099



bob.hauptman@seiu.org FEC- Form 9 24 hrs notice disbursement electioneering communications 8.14.08.pdf

28039813587

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 13 2008 through 08 13 2008

5. (a) Date of Public Distribution(s) 08 13 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

SEIU

(e) Occupation

C.F.O.

9. Total Donations This Statement 221,616.67

10. Total Disbursements/Obligations This Statement 221,616.67

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

ROBERT HAYESMAN

SIGNATURE Robert Hayesman

DATE 8/14/08

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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SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor <i>Service Employees International Union</i></p> <p>Mailing Address of Donor <i>1800 Massachusetts Ave NW</i></p> <p>City State Zip <i>Washington DC 20036</i></p>	<p>Date of Receipt <i>08 13 2008</i></p> <p>Amount <i>221,616.67</i></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>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p><i>221,616.67</i></p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p><i>221,616.67</i></p>

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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 13 2008	
Mailing Address of Payee 1634 I St NW Ste 704				Amount 221,616.67	
City Washington	State DC	Zip Code 20006		Communication Date 08 13 2008	
Name of Employer _____				Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) Radio Ads					
Name of Federal Candidate John McCain	Office Sought: <input checked="" type="checkbox"/> President	House _____ Senate _____ District _____	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____	Office Sought: _____	House _____ Senate _____ District _____	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____	Office Sought: _____	House _____ Senate _____ District _____	State: _____ District: _____	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 _____		Communication Date _____	
Name of Employer _____				Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) _____					
Name of Federal Candidate _____	Office Sought: _____	House _____ Senate _____ District _____	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____	Office Sought: _____	House _____ Senate _____ District _____	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____	Office Sought: _____	House _____ Senate _____ District _____	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
SUBTOTAL of Disbursements/Obligations This Page (optional) ... ▶				221,616.67	
TOTAL This Period (last page this line number only) ... ▶ (carry total from last page to Line 10)				221,616.67	

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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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *E-mail* Date of Receipt or Postmarked
8/14/08

EW *8/15/08*
 PREPARER DATE PREPARED

28039815591