REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

TYPE OR PRINT

NAME OF COMMITTEE (in full)

Service Employees International Union

ADDRESS (number and street) (Check if different than previous report)

1313 L Street, N.W.

CITY, STATE AND ZIP CODE

Washington, DC 20005

FEC IDENTIFICATION NUMBER

C00004036

This committee was qualified as a multicandidate committee **DURING THIS** Reporting Period on 19__

Dec 15 3 27 PM '93

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 — March 20 — Apr 20 — May 20 — June 20 — July 20 — August 20 — September 20 — October 20 — XX November 20 — December 20 — January 20

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 XX NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5	Covering Period 10/1/93 through 10/31/93		
6	(a) Cash on Hand January 1, 19 93		$ 123,484.46
	(b) Cash on Hand at Beginning of Reporting Period	$ 326,310.83	
	(c) Total Receipts (from Line 19)	$ 38,054.20	$ 403,329.95
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 364,365.03	$ 526,814.41
7	Total Disbursements (from Line 30)	$ 3,049.53	$ 165,498.91
8	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 361,315.50	$ 361,315.50
9	Debts and Obligations Owed TO the Committee (itemize on Schedule C and or Schedule D)	$ -0-	
10	Debts and Obligations Owed BY the Committee (itemize 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 11/19/93

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