



FAX TRANSMITTAL SHEET

DATE: 10-28-08

NUMBER OF PAGES (including cover sheet): 5

TO:	FROM: SEIU
ORGANIZATION: FEC	DEPARTMENT:
FAX NO: 202-219-0174	FAX NO: (202) 350-6617
TELEPHONE NO:	TELEPHONE NO: 202-730-7824

COMMENTS:

ANDREW L. STERN
International President

ANNA BURGER
International Secretary-Treasurer

MARY KAY HENRY
Executive Vice President

GERRY HUDSON
Executive Vice President

ELISE MEDINA
Executive Vice President

TOM WOODRUFF
Executive Vice President

SERVICE EMPLOYEES
INTERNATIONAL UNION
CTW: CLC

1800 Massachusetts Ave NW
Washington, D.C. 20036

202.730.7000
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www.SEIU.org

URGENT FOR YOUR INFORMATION PLEASE CALL

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28039903650

OCT. 28. 2008 11:35AM

MHB MARRIOTT 310 939 1486
202 214 0114 SEIU

NO. 5083 P. 2

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name <u>Service Employees International Union</u>		2. FEC Identification Number <u>030001036</u>
(b) Address: (number and street) <input type="checkbox"/> check if different than previously reported <u>1800 Massachusetts Ave NW</u>		
(c) City, State and ZIP Code <u>Washington DC 20036</u>		
(d) Name of Employer or Principal Place of Business	(e) Occupation	

3. Is This Statement or 4. Covering Period	<input checked="" type="checkbox"/> New	<u>10</u> / <u>27</u> / <u>2008</u>
	<input type="checkbox"/> Amended	through <u>10</u> / <u>27</u> / <u>2008</u>

5. (a) Date of Public Distribution: 10/27/2008 (b) Communication Title: WORRIED SICK

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: <u>Liz Gustafson</u>	
(b) Address (number and street): <u>1800 Massachusetts Ave NW</u>	
(c) City, State and ZIP Code: <u>Washington DC 20036</u>	
(d) Name of Employer or Principal Place of Business: <u>SEIU WASHINGTON DC</u>	(e) Occupation: <u>CFR</u>

9. Total Donations This Statement: 14,000.00

10. Total Disbursements/Obligations This Statement: 14,000.00

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

TYPE OF: PRINT NAME OF PERSON COMPLETING FORM Liz Gustafson

SIGNATURE Liz Gustafson DATE 10/28/08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5457g.

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List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (a) Name <u>Nowe</u>	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
B. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

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SCHEDULE 9-A
Donation(s) Received

PAGE 1 OF 1

28039903653

<p>A. Full Name of Donor <u>Service Employees International Union</u></p> <p>Mailing Address of Donor: <u>1800 Massachusetts Ave NW</u></p> <p>City <u>Washington</u> State <u>DC</u> Zip <u>20036</u></p>	<p>Date of Receipt <u>10</u> / <u>27</u> / <u>2008</u></p> <p>Amount <u>140000.00</u></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) ▶ <u>140000.00</u></p>	
<p>TOTAL This Period (last page this line number only) ▶ <u>140000.00</u> (carry total from last page to Line 8)</p>	

SCHEDULE 9-B

PAGE 1 OF 1

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee SQUIER KNATE DUNK COMMUNICATIONS		Date of Disbursement or Obligation [] [] [] [] [] [] [] [] [] [] [] []	
Mailing Address of Payee 1818 N ST NW STE 450		Amount 140000.00	
City WASHINGTON DC	State DC	Zip Code 20036	Communication Date 10/27/2008
Name of Employer Occupation			
Purpose of Disbursement (including title(s) of communication(s)) "WORRIED SICK" TV AD			
Name of Federal Candidate JOHN MCCAIN	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	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	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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	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	State: District:	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	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)		140000.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		140000.00	

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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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	Delivery Confirmation™ Label <input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<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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 PREPARER

N/A
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28039903655