



"Bob Hauptman" <Bob.Hauptman@seiu.org> on 08/28/2008 08:53:57 PM

To: <2022190174@fec.gov>  
cc:

Subject: form 9 for SEIU Committee C70003124

attached is a form 9 for SEIU  
Please contact me if there are any problems receiving it or other questions



202.722.9099 Scan001.PDF

28039822685

# 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

C 70003124

3. Is This Statement

New

or

Amended

4. Covering Period

08 24 2008

through

08 28 2008

5. (a) Date of Public Distribution(s) 08 25-28 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

S.E.F.U.

(e) Occupation

C.F.O.

9. Total Donations This Statement

40,000.00

10. Total Disbursements/Obligations This Statement

40,000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

ROBERT HAVATMAN

SIGNATURE

Robert Havatman

DATE

8/28/08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 18 U.S.C. § 1001.

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**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b>  <u>Service Employees International Union</u>  <small>Mailing Address of Donor</small>  <u>1800 Massachusetts Ave NW</u>  <small>City State Zip</small>  <u>Washington DC 20036</u></p>	<p><b>Date of Receipt</b>  <u>08 24 2008</u>  <b>Amount</b>  <u>40,000.00</u></p>
<p><b>B. Full Name of Donor</b>  <small>Mailing Address of Donor</small>  <small>City State Zip</small></p>	<p><b>Date of Receipt</b>  <small>Month Day Year</small>  <b>Amount</b></p>
<p><b>C. Full Name of Donor</b>  <small>Mailing Address of Donor</small>  <small>City State Zip</small></p>	<p><b>Date of Receipt</b>  <small>Month Day Year</small>  <b>Amount</b></p>
<p><b>D. Full Name of Donor</b>  <small>Mailing Address of Donor</small>  <small>City State Zip</small></p>	<p><b>Date of Receipt</b>  <small>Month Day Year</small>  <b>Amount</b></p>
<p><b>E. Full Name of Donor</b>  <small>Mailing Address of Donor</small>  <small>City State Zip</small></p>	<p><b>Date of Receipt</b>  <small>Month Day Year</small>  <b>Amount</b></p>

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<p><b>SUBTOTAL</b> of Donations This Page (optional) .....</p>	<p><u>40,000.00</u></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....  <small>(carry total from last page to Line 9)</small></p>	<p><u>40,000.00</u></p>

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> AIR AMERICA RADIO <hr/> <b>Mailing Address of Payee</b> 641 Avenue of the Americas <hr/> City: New York NY State: NY Zip Code: 10011 <hr/> Name of Employer: Occupation:	<b>Date of Disbursement or Obligation</b> 08 24 2008 <hr/> <b>Amount</b> 40,000.00 <hr/> <b>Communication Date</b> 08 24 2008
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**Purpose of Disbursement (Including title(s) of communication(s))**  
 RADIO ADS

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:
BARACK OBAMA	<input checked="" type="checkbox"/>	<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input checked="" type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <hr/> <b>Mailing Address of Payee</b> <hr/> City: State: Zip Code: <hr/> Name of Employer: Occupation:	<b>Date of Disbursement or Obligation</b> <hr/> <b>Amount</b> <hr/> <b>Communication Date</b>
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**Purpose of Disbursement (Including title(s) of communication(s))**

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:
	<input type="checkbox"/>	<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶

<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)	

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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.

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<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<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 checked="" type="checkbox"/> Other (Specify): <i>E-mail</i>	Date of Receipt or Postmarked <i>8/28/08</i>

*JAD*  
 PRÉPARER  
 (3/2005)

*8/29/08*  
 DATE PREPARED