

SEEC FORM 26—SHORT FORM
Independent Expenditure Statement for Persons

Revised August 2014



Original
 Amendment

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Page 1 of 8

1. NAME OF PERSON MAKING INDEPENDENT EXPENDITURE

Service Employees International Union

180233

2. NAME OF INDIVIDUAL FILING INDEPENDENT EXPENDITURE STATEMENT

First Name	MI	Last Name	Suffix
Gerald		Hudson	

Title

General Secretary/Treasurer

3. TELEPHONE & EMAIL ADDRESS OF INDIVIDUAL FILING INDEPENDENT EXPENDITURE STATEMENT

(Include Area Code)	Email Address
(202) 730-7000	treas@seiu.org

4. DATE (Check One Box)

Primary Election 11/06/2018 Referendum

5. TYPE OF REPORT (Check One Box)

- | | | | |
|-------------------------------------|---|--|---|
| <input type="checkbox"/> January 10 | <input type="checkbox"/> 7th day preceding primary | <input type="checkbox"/> 7th day preceding referendum | <input type="checkbox"/> 24 hour Independent Expenditure Statement for Primary |
| <input type="checkbox"/> April 10 | <input type="checkbox"/> 30 days following primary | <input checked="" type="checkbox"/> 24 hour Independent Expenditure Statement for Election | |
| <input type="checkbox"/> July 10 | <input type="checkbox"/> 7th day preceding election | <input type="checkbox"/> 90 days following referendum | <input type="checkbox"/> 24 hour Independent Expenditure Statement for Special Election |
| <input type="checkbox"/> October 10 | <input type="checkbox"/> 7th day preceding special election | <input type="checkbox"/> Amendment to (Type of Report) | |
| | <input type="checkbox"/> 45 days following special election | | |

6. PERIOD COVERED

Beginning Date 10/25/2018 through Ending Date 11/06/2018

7. CERTIFICATION OF INDIVIDUAL FILING THE INDEPENDENT EXPENDITURE STATEMENT

I hereby certify and state, under penalties of false statement, that I have accepted my appointment as the individual authorized to file the Independent Expenditure Statement on behalf of the person. I further certify and state, under the penalties of false statement, that the information set forth on this Independent Expenditure Statement is a true, accurate and complete itemization of expenditures made or obligated to be made by the person, for the period covered, and that these expenditures and obligations were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof, and that the person has not been reimbursed.

Gerald Hudson
SIGNATURE

Gerald Hudson
PRINT NAME OF SIGNER

10/25/2018
DATE (mm/dd/yyyy)

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING THE INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i> Service Employees International Union	TYPE OF REPORT 24-Hour Ind. Exp. Statement for Election
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SUMMARY

	COLUMN A This Period	COLUMN B Aggregate
8. Expenditures Made by a Person (Section A - Page 3)	\$ 0.00	\$556,688.57
9. Expenditures Obligated by a Person This Period but Not Paid (Section B - Page 4)	\$ 12,000.00	
10. Total Outstanding Expenditures Obligated by a Person still Unpaid (Section B - Page 4)	\$ 71,831.07	

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
Service Employees International Union		24-Hour Ind. Exp. Statement for Election	
A. Independent Expenditures Made by Person			
Name of Payee			Date of Expenditure
Street Address		City	State Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>	Description		
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</i>		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Name of Payee			Date of Expenditure
Street Address		City	State Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>	Description		
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</i>		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Name of Payee			Date of Expenditure
Street Address		City	State Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>	Description		
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</i>		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
SUBTOTAL Section A. - This Page			\$0.00
TOTAL of additional Section A. Pages			\$0.00
TOTAL OF ALL INDEPENDENT EXPENDITURES MADE BY PERSON THIS PERIOD <i>(Enter total on Column A, Line 8)</i>			\$0.00

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
Service Employees International Union				24-Hour Ind. Exp. Statement for Election	
B. Independent Expenditures Obligated by Person this Period but Not Paid					
Name of Creditor					Date Obligated
Make The Road Action					10/25/2018
Street Address			City	State	Zip Code
449 Troutman Street			New York	NY	11237
Independent Expenditure on behalf of more than one candidate?		Description			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Canvassing Services			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>			Office Sought		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Ned Lamont			Governor		
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum?		Amount Obligated	
MISC	12	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$9,000.00	
Name of Creditor					Date Obligated
Street Address			City	State	Zip Code
Independent Expenditure on behalf of more than one candidate?		Description			
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>					
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum?		Amount Obligated	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Creditor					Date Obligated
Street Address			City	State	Zip Code
Independent Expenditure on behalf of more than one candidate?		Description			
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>					
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum?		Amount Obligated	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
SUBTOTAL Section B. - This Page				\$ 9,000.00	
TOTAL of additional Section B. Pages				\$ 3,000.00	
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BY PERSON DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Column A, Line 9)</i>				\$ 12,000.00	
Previous Reported Independent Expenditures Unpaid and Still Outstanding				\$ 59,831.07	
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BUT NOT PAID <i>(Enter total on Column A, Line 10)</i>				\$ 71,831.07	

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
Service Employees International Union		24-Hour Ind. Exp. Statement for Election	
C. Itemization of Reimbursements			
Name of Individual Reimbursed			
N/A			
Name of Vendor, Person or Entity Paid by Individual			
Street Address of Vendor, Person or Entity		City	State Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
Description		Amount	
Name of Individual Reimbursed			
Name of Vendor, Person or Entity Paid by Individual			
Street Address of Vendor, Person or Entity		City	State Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
Description		Amount	
Name of Individual Reimbursed			
Name of Vendor, Person or Entity Paid by Individual			
Street Address of Vendor, Person or Entity		City	State Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
Description		Amount	
Name of Individual Reimbursed			
Name of Vendor, Person or Entity Paid by Individual			
Street Address of Vendor, Person or Entity		City	State Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
Description		Amount	
SUBTOTAL Section C. - This Page		\$0.00	
TOTAL of additional Section C. Pages		\$0.00	
TOTAL OF ALL REIMBURSEMENTS		\$0.00	

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT
Service Employees International Union	24-HR Ind. Exp. Statement for Election

D. Covered Transfers in Excess of \$5,000

If the independent expenditures reported in this form were made or obligated to be made on or after the date that is one hundred and eighty (180) days prior to the applicable primary or election, you must report any "covered transfers" received during the twelve month period prior to the applicable primary or election that are five thousand dollars or more in the aggregate.

One or more of the pertinent covered transfers have been reported to the Federal Election Commission (FEC) or Internal Revenue Service (IRS) and the person filing this form has submitted a copy of that previously filed report in lieu of reporting such covered transfers here.

If this box is checked please list the applicable FEC Filer ID Number or IRS Employer Identification Number here:

FEC Filer ID or IRS EIN # _____

Note: Any covered transfers occurring within the relevant time period and not reported on the attached FEC or IRS filings must be reported below.

Source of Covered Transfer—Name of Person Making Covered Transfer		
N/A		
Address of Person Making Covered Transfer—City		State
		Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount
Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City		State
		Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount
Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City		State
		Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount
Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City		State
		Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount

See Additional Page(s)

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT
Service Employees International Union	24-Hour Ind. Exp. Statement for Election

E. Five Largest Covered Transfers Disclosed in Communication

If the independent expenditure reported in this form was for a communication made or obligated to be made on or after the date that is ninety (90) days immediately prior to the applicable primary or election, please report the five largest aggregate "covered transfers" received during the received during the twelve month period prior to the applicable primary or election.

Source of Covered Transfer—Name of Person Making Covered Transfer	Expenditure Number Section	Number
N/A		

Address of Person Making Covered Transfer—City	State	Zip Code

Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount

Source of Covered Transfer—Name of Person Making Covered Transfer	Expenditure Number Section	Number

Address of Person Making Covered Transfer—City	State	Zip Code

Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount

Source of Covered Transfer—Name of Person Making Covered Transfer	Expenditure Number Section	Number

Address of Person Making Covered Transfer—City	State	Zip Code

Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount

Source of Covered Transfer—Name of Person Making Covered Transfer	Expenditure Number Section	Number

Address of Person Making Covered Transfer—City	State	Zip Code

Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount

Source of Covered Transfer—Name of Person Making Covered Transfer	Expenditure Number Section	Number

Address of Person Making Covered Transfer—City	State	Zip Code

Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount

See Additional Page(s)

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
Service Employees International Union		24-Hour Ind. Exp. Statement for Election	
F. Nesting Dolls Provision for Top 5 Covered Transfers Disclosed in Communication			
Name of Person Making Covered Transfer to Person Reported in Section E.			
N/A			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.			Expenditure Number
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.			Expenditure Number
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.			Expenditure Number
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.			Expenditure Number
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.			Expenditure Number
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.			Expenditure Number

See Additional Page(s)

