

# Federal Political Committee NC Disclosure Report Cover

Amendment  
 Yes  No

Use this form as a cover page to report NC Federal Political Committee contributions to NC political committees  
 Do not use this form to update information

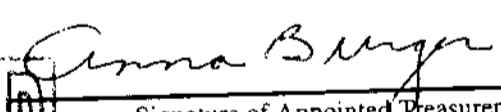
<b>1. Committee Information</b>		c. NC ID Number
a. Full Name SEIU COPE		FED-E06FM4-C-00
b. Mailing Address (include City, State and Zip Code) 1800 Massachusetts Ave, NW Washington, DC 20036		d. Date Filed 10/27/08
		e. Phone Number 202-730-7000



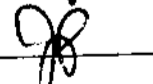
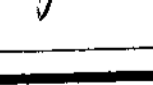
2. Report Year 2008	3. Period Start Date (mm/dd/yyyy) 7/1/08	4. Period End Date (mm/dd/yyyy) 10/18/08	5. Total Amount Given to NC Committees \$ 181,996.14
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6. Type of Report (check one)		8. Treasurer Full Name <i>(this should appear as listed on the Statement of Organization [CRO-4000])</i> Anna Burger	
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-annual		
<input type="checkbox"/> First Plus	<input type="checkbox"/> Mid Year		
<input type="checkbox"/> Second	<input type="checkbox"/> Year End		
<input checked="" type="checkbox"/> Third Plus	<input type="checkbox"/> Special		
<input type="checkbox"/> Fourth		9. Assistant Treasurer Full Name <i>(list the assistant that is a NC resident, if it is not the treasurer)</i> Dana Cope	
7. Special Report Name (if applicable)			

<b>10. Account Information</b>		<b>10. Account Information</b>	
a. Financial Institution Full Name Amalgamated Bank		a. Financial Institution Full Name Amalgamated Bank	
b. Purpose operations	c. Account Code 2	b. Purpose operations	c. Account Code 3
d. Period Begin Balance \$	e. Period End Balance \$	d. Period Begin Balance \$	e. Period End Balance \$

**CERTIFICATION**  
 I certify that the Committee is in compliance with all provisions of Article 22A. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k)

ANNA BURGER  10/27/08  
 Printed Name of Signer Signature of Appointed Treasurer Date

<b>FOR OFFICE USE ONLY</b>		Employee: 		<b>Delivery Method</b>	
Date Received:	NOV 27 2008	Employee: 10/27/08	Employee: 	<input type="checkbox"/> Normal Mail	<input checked="" type="checkbox"/> Registered Mail
Date Postmarked:		Employee: 	Employee: 	<input type="checkbox"/> Hand Delivered	<input type="checkbox"/> Electronically Filed
Date Scanned: 11/3/08		Employee:	Employee:	<input type="checkbox"/> Signer has not received mandatory training	
Date Data Entered:		Employee:	Employee:		

**Please Note:** This cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, or account information.  
 You must amend the Federal Political Committee Statement of Organization (CRO-4000) to make committee changes.

# Federal Political Committee NC Disclosure Report Cover Addendum

Amendment  
 Yes  No

Use this form to report additional bank account information that did not fit on the Federal Disclosure Report Cover

1. Committee Full Name <b>SEIU COPE</b>		2. NC ID Number <b>FED-E06FM4-C-001</b>	
<b>3. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name <b>Bank of America</b>		a. Financial Institution Full Name	
b. Purpose <b>operating</b>	c. Account Code <b>4</b>	b. Purpose	c. Account Code
d. Period Begin Balance \$	e. Period End Balance \$	d. Period Begin Balance \$	e. Period End Balance \$
<b>3. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
d. Period Begin Balance \$	e. Period End Balance \$	d. Period Begin Balance \$	e. Period End Balance \$
<b>3. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
d. Period Begin Balance \$	e. Period End Balance \$	d. Period Begin Balance \$	e. Period End Balance \$

## CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A. I further say that this report is complete, true and correct.

ANNA BURGER  
 Printed Name of Signer

Anna Burger  
 Signature of Appointed Treasurer

10/27/08  
 Date

**Please Note:** This report cover sheet cannot be used to amend committee information such as the committee name or account information

You must amend the Statement of Organization (CRO 4000) to make committee changes

# Independent Expenditures and Contributions Report

Page 1 of 2

Amendment  
 Yes  No

Use this form to report Independent Expenditures made by Individuals or Qualified Nonprofit Organizations  
 This form is to be filed by the individual, not by any Political Committee

1. Reporting Entity Information			
a. Type (Check one)		Nonprofit Organization <b>FEO PAC</b>	
<input type="checkbox"/> Individual		<input type="checkbox"/> Other Organization	
a1. Federal ID Number	b. Full Name		
FEO-E06EM4-C-001	SEIU COPE		
a2. Job Title/Profession	c. Mailing Address (include City, State and Zip Code) and Phone Number		
	1800 Massachusetts Ave, NW Washington, DC 20036		
a3. Employer's Name/Specific Field			
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Job Title/Profession	c. Employer's Name/Specific Field	b. Job Title/Profession	c. Employer's Name/Specific Field
d. Date (mm/dd/yyyy)	e. Amount	d. Date (mm/dd/yyyy)	e. Amount
	\$		\$
3. Total Contributions THIS Page (sum all the 2e entries on this page)		\$	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$	
5. Expenditure Information		5. Expenditure Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Thomas Mills Communications 1301 N. Greensboro Street Carrboro, NC, 27510		Thomas Mills Communications 1301 N. Greensboro Street Carrboro, NC 27510	
b. Name	c. Office Sought	b. Name	c. Office Sought
Pat McCrory	GOV	Jimmy Garner	House Dist 2 6
d. Detailed Purpose	e. Declaration	d. Detailed Purpose	e. Declaration
Printing & Mailing	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Printing & Mailing	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
f. Date (mm/dd/yyyy)	g. Amount	f. Date (mm/dd/yyyy)	g. Amount
10/14/08 - 10/28/08	\$ 147279.60	10/24/08	\$11570.52
6. Total Expenditures THIS Page (sum all the 5g entries on this page)		\$158850.12	
7. Total Expenditures ALL Pages (if multi-page, only list on page 1)		\$181991.14	
CERTIFICATION			
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee.			
Printed Name of Signer		Signature of Appointed Treasurer	Date

*Handwritten signature and date: 11/19/08*

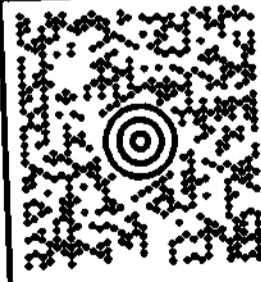





# UPS CampusShip: Label/Receipt

## UPS CampusShip: View/Print Label

- Print the label(s):** Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.
- Fold the printed label at the dotted line.** Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.
- GETTING YOUR SHIPMENT TO UPS**
  - Customers without a Daily Pickup**
    - Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages.
    - Hand the package to any UPS driver in your area.
    - Take your package to any location of The UPS Store<sup>®</sup>, UPS Drop Box, UPS Customer Center, UPS Alliances (Office Depot<sup>®</sup> or Staples<sup>®</sup>) or Authorized Shipping Outlet near you. Items sent via UPS Return Services<sup>SM</sup> (including via Ground) are accepted at Drop Boxes.
    - To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations.
  - Customers with a Daily Pickup**
    - Your driver will pickup your shipment(s) as usual.

FOLD HERE

BOB HAUPTMAN 202/730-7489 SEIU 1800 MASS AVE, NW WASHINGTON DC 20036	LTR 1 OF 1  <b>SHIP TO:</b> NC BOARD OF ELECTIONS 506 N. HARRINGTON ST <b>RALEIGH NC 27603-1326</b>	 <b>NC 276 9-02</b> 	<b>UPS NEXT DAY AIR</b> TRACKING #: 1Z 285 492 01 9718 8220 <b>1</b>		BILLING: P/P Reference # 1: 490H   <small>CS 10.6.07. WXP/E70 84-0A 10/2008</small>
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