Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 28

OFFICE USE ONLY

Date Received

RECEIVED OCT 31 2005 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST: Annise	MI: D.
	NICKNAME LAST: Parker	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 66513 Houston, TX 77266	STATE; ZIP CODE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER: (713) 960-1601	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST: Kathy	MI
	NICKNAME LAST: Hubbard	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 2615 Montrose Blvd	CITY; STATE; ZIP CODE: Houston, TX 77006
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER: (713)522-9000	EXTENSION

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☒ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 09 / 30 / 05 THROUGH Month Day Year: 10 / 29 / 05

11 ELECTION

ELECTION DATE Month Day Year: 11 / 08 / 05

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any): City Controller

13 OFFICE SOUGHT (if known): City Controller

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 ACCOUNT # (Ethics Commission filers)
Annise Parker	

17 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 20.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 9,938.06
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 8,777.94
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 144,077.41
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

ANDREA CAMPOS
Notary Public, State of Texas
My Commission Expires
JULY 15, 2006

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Annise D. Parker

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Annise D Parker, this the 31st day of October, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: 6

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐out of state PAC (ID#_____)	7 Amount of contribution ($):	8 In kind contribution description (if applicable):
9/30/2005	Richard F. Kammerer 6 Contributor Address: City, State, Zip Code [redacted]	$418.70	Event Expenses
9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):		

4 Date	5 Full Name of Contributor: ☐out of state PAC (ID#_____)	7 Amount of contribution ($):	8 In kind contribution description (if applicable):
10/1/2005	Janice Lee Ives 6 Contributor Address: City, State, Zip Code [redacted]	$10.00	
9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):		

4 Date	5 Full Name of Contributor: ☐out of state PAC (ID#_____)	7 Amount of contribution ($):	8 In kind contribution description (if applicable):
10/1/2005	Brooks Ballard 6 Contributor Address: City, State, Zip Code [redacted]TX 77027	$500.00	Office Space
9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):		

4 Date	5 Full Name of Contributor: ☐out of state PAC (ID#_____)	7 Amount of contribution ($):	8 In kind contribution description (if applicable):
10/2/2005	David R. Krentz 6 Contributor Address: City, State, Zip Code [redacted]on, TX 77006	$100.00	
9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):		

4 Date	5 Full Name of Contributor: ☐out of state PAC (ID#_____)	7 Amount of contribution ($):	8 In kind contribution description (if applicable):
10/5/2005	Brown, P.C. 6 Contributor Address: City, State, Zip Code [redacted]tonio, TX 78205	$200.00	
9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: 6

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐out of state PAC (ID#_____)	6 Contributor Address: City, State, Zip Code	7 Amount of contribution ($):	8 In kind contribution description (if applicable):	9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
10/5/2005	Carlson Reporting LLC	[redacted]on, TX 77002-5706	$75.00			
10/5/2005	TX Friends of Time Warner Cable	[redacted]ston, TX 77040	$500.00			
10/7/2005	Frances S. Flanagan	[redacted]ston, TX 77005-1081	$50.00			
10/13/2005	Sheet Metal Workers Intl Assoc LU # 54 PAC	[redacted]Houston, TX 77018-	$250.00			
10/15/2005	Joshua Adam Reiss	[redacted]on, TX 77005-	$100.00			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 11/05/2003

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: 6

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐out of state PAC (ID#_____)	6 Contributor Address: City, State, Zip Code	7 Amount of contribution ($):	8 In kind contribution description (if applicable):	9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
10/17/2005	James A. Codd	[redacted]otes, TX 78023	$25.00			
10/17/2005	Avelardo Valdez	[redacted]ston, TX 77023	$25.00			
10/17/2005	Suzanne Anderson	[redacted]ngston, TX 77351	$100.00			
10/17/2005	Zone Nguyen	[redacted]nball, TX 77377	$40.00			
10/17/2005	Evelio Salinas Escamilla	[redacted]uston, TX 77056	$25.00			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 11/03/2003

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: 6

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐out of state PAC (ID#_____)	6 Contributor Address: City, State, Zip Code	7 Amount of contribution ($):	8 In kind contribution description (if applicable):	9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
10/17/2005	Alice Cepeda	[redacted]io, TX 78228	$25.00			
10/17/2005	Raed Gonzalez-Olivieri	[redacted]Houston, TX 77072	$25.00			
10/17/2005	Pablo Escamilla	[redacted]ntonio, TX 78237	$250.00			
10/17/2005	John Thomas Mendoza	[redacted]ouston, TX 77008-4123	$50.00			
10/17/2005	Douglas A Poneck	[redacted]San Antonio, TX 78212	$250.00			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 11/05/2003

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: 6

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC (ID#_____)	7 Amount of contribution ($):	8 In kind contribution description (if applicable):
10/17/2005	Gregory Chad Delaney 6 Contributor Address: City, State, Zip Code [redacted] ouston, TX 77030	$25.00	
9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC (ID#_____)	7 Amount of contribution ($):	8 In kind contribution description (if applicable):
10/18/2005	Elizabeth A. Reid 6 Contributor Address: City, State, Zip Code [redacted] on, TX 77025	$25.00	
9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC (ID#_____)	7 Amount of contribution ($):	8 In kind contribution description (if applicable):
10/18/2005	Raquel Cedillo 6 Contributor Address: City, State, Zip Code [redacted] uston, TX 77098-	$25.00	
9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):		

4 Date	5 Full Name of Contributor: ☒ out of state PAC (ID# C00193433)	7 Amount of contribution ($):	8 In kind contribution description (if applicable):
10/19/2005	EMILY's List Federal Fund 6 Contributor Address: City, State, Zip Code [redacted] ashington, [redacted]	$674.36	Staff Costs
9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):		

4 Date	5 Full Name of Contributor: ☒ out of state PAC (ID# C00004036)	7 Amount of contribution ($):	8 In kind contribution description (if applicable):
10/21/2005	SEIU COPE Fund 6 Contributor Address: City, State, Zip Code [redacted] hington, DC 20005	$5,000.00	
9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 11/05/2003

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: 6

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐out of state PAC (ID#_____	7 Amount of contribution ($):	8 In kind contribution description (if applicable):
10/24/2005	Nathelyne A. Kennedy PE 6 Contributor Address: City, State, Zip Code [redacted]ton, TX 77081	$100.00	
9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):		

4 Date	5 Full Name of Contributor: ☐out of state PAC (ID#_____	7 Amount of contribution ($):	8 In kind contribution description (if applicable):
10/26/2005	August Galiano 6 Contributor Address: City, State, Zip Code [redacted]uston, TX 77018	$50.00	
9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):		

4 Date	5 Full Name of Contributor: ☐out of state PAC (ID#_____	7 Amount of contribution ($):	8 In kind contribution description (if applicable):
10/26/2005	Hou Con PAC 6 Contributor Address: City, State, Zip Code [redacted], TX 77292-0843	$1,000.00	
9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):		

Schedule A1 Report Total: $9,918.06

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F
Page 1

FILER NAME
Annise Parker

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	Payee address	City;	State;	Zip Code	Amount ($)
9/30/2005	Amanda Scott	3000 Murworth #1603	Houston	TX	77025	$1,500.00

Purpose of payment (See instructions regarding type of information (required)
Consulting

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee Name	Payee address	City;	State;	Zip Code	Amount ($)
10/2/2005	PayPal	P.O. Box 45950	Omaha	NE	98145	$1.03

Purpose of payment (See instructions regarding type of information (required)
Credit Card Processing

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee Name	Payee address	City;	State;	Zip Code	Amount ($)
10/5/2005	Office Depot	3443 Kirby Drive	Houston	TX	77098	$9.96

Purpose of payment (See instructions regarding type of information (required)
Office Supplies

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee Name	Payee address	City;	State;	Zip Code	Amount ($)
10/5/2005	Harris County Lock Service Inc.	25118 Holyoke Lane	Spring	TX	77373	$138.80

Purpose of payment (See instructions regarding type of information (required)
Office Expense

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F
Page 2

FILER NAME: Annise Parker

ACCOUNT # (Ethics Commission filers):

Date	Payee Name / Payee address	City;	State;	Zip Code	Amount ($)
10/5/2005	Cingular Wireless P.O. Box 650574	Dallas	TX	75265-0574	$32.00

Purpose of payment (See instructions regarding type of information (required): Cell Phone

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee Name / Payee address	City;	State;	Zip Code	Amount ($)
10/5/2005	SBC 555 Main Street, Room 228-CR	Beaumont	TX	77701	$127.91

Purpose of payment (See instructions regarding type of information (required): Telephone

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee Name / Payee address	City;	State;	Zip Code	Amount ($)
10/5/2005	US Postal Service Julius Melcher Location	Houston	TX	77027	$74.00

Purpose of payment (See instructions regarding type of information (required): Postage

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee Name / Payee address	City;	State;	Zip Code	Amount ($)
10/5/2005	Office Depot 3443 Kirby Drive	Houston	TX	77098	$23.22

Purpose of payment (See instructions regarding type of information (required): Office Supplies

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F
Page 3

FILER NAME
Annise Parker

ACCOUNT # (Ethics Commission filers)

Date	Payee Name / Payee address	City;	State;	Zip Code	Amount ($)
10/5/2005	Jewish Herald Voice P.O. Box 153	Houston	TX	77001	$390.00

Purpose of payment (See instructions regarding type of information (required)
Advertising

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee Name / Payee address	City;	State;	Zip Code	Amount ($)
10/5/2005	Grant Martin Consulting 1708 Broderick	San Francisco	CA	94115	$500.00

Purpose of payment (See instructions regarding type of information (required)
Consulting

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee Name / Payee address	City;	State;	Zip Code	Amount ($)
10/5/2005	Sprint P.O. Box 54677	Los Angeles	CA	90054	$147.12

Purpose of payment (See instructions regarding type of information (required)
Telephone

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee Name / Payee address	City;	State;	Zip Code	Amount ($)
10/17/2005	Houston Black American Democrats P.O. Box 2893	Houston	TX	77252	$2,000.00

Purpose of payment (See instructions regarding type of information (required)
GOTV

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F
Page 4

FILER NAME
Annise Parker

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	Payee address	City;	State;	Zip Code	Amount ($)
10/19/2005	Annise Parker	P.O. Box 66513	Houston	TX	77266	$733.90

Purpose of payment (See instructions regarding type of information (required)
Reimburse 8/10/05 Sched G Expenses

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee Name	Payee address	City;	State;	Zip Code	Amount ($)
10/19/2005	HGLBTPC PAC	P.O. Box 66664	Houston	TX	77266	$2,500.00

Purpose of payment (See instructions regarding type of information (required)
GOTV

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee Name	Payee address	City;	State;	Zip Code	Amount ($)
10/27/2005	Harris County Council of Organizations	P.O. Box 330363	Houston	TX	77233	$500.00

Purpose of payment (See instructions regarding type of information (required)
GOTV

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Schedule F Report Total: $8,677.94

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 1

FILER NAME Annise Parker

ACCOUNT # (Ethics Commission filers)

Date	Payee Name / Payee address	City;	State;	Zip Code	Purpose of payment (See instructions regarding type of information required)	Amount ($)	Reimbursement from political contributions intended
10/8/2005	Kingwood Area Democrats [redacted]	Kingwood	TX	77339	Sponsorship	$50.00	X
10/21/2005	Old Acres Homes Citizen Council [redacted]	Houston	TX	77088	Sponsorship	$50.00	X

Schedule G Report Total: $100.00

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

FEC FORM 1
STATEMENT OF ORGANIZATION

FILING FEC-168915

1. EMILY's List

1120 Connecticut Avenue NW
Ste 1100
Washington, DC 20036

2. Date: 03/29/2005
3. FEC Committee ID #: C00193433

This committee supports/opposes more than one Federal candidat

Affiliated Committees/Organizations

Custodian of Records:

Caroline Fines
1120 Connecticut Ave NW
Suite 1100
Washington, DC 20036
Title: Dr of Finance & Comp
Phone # (202) 326-1400

Treasurer:

Britt Cocanour
1120 Connecticut Avenue NW
Ste 1100
Washington, DC 20036
Title: Treasurer
Phone # (202) 326-1400

Designated Agent(s):

Caroline C. Fines
1120 Connecticut Avenue NW
Ste 1100
Washington, DC 20036
Title: Assistant Treasurer
Phone # (202) 326-1400

Banks or Depositories

Signed: Britt Cocanour
Date Signed: 03/29/2005
Official Committee URL: www.emilyslist.org

(End FEC FORM 1)

Generated Tue Oct 11 01:15:40 2005

October 20, 2005

Dear Finance Committee:

Please be assured that this check represents voluntary contributions from the members of SEIU. We will be reporting this contribution by SEIU COPE to the FEC. We have also enclosed a copy of SEIU COPE's Statement of Organization as currently on file with the FEC. This statement is accurate and complete to the best of my knowledge and belief.

Sincerely,

Anna Burger
Treasurer, SEIU COPE

AB:dmd

Enclosures

ANDREW L. STERN
International President

ANNA BURGER
International Secretary-Treasurer

MARY KAY HENRY
Executive Vice President

GERRY HUDSON
Executive Vice President

ELISEO MEDINA
Executive Vice President

TOM WOODRUFF
Executive Vice President

SERVICE EMPLOYEES
INTERNATIONAL UNION, CLC

1313 L Street, N.W.
Washington, D.C. 20005

202.898.3200
TDD: 202.898.3481
www.SEIU.org

02/24/2005 08:44

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Press on:

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Service Employees International Union Committee On Political Education (SEIU COPE)

ADDRESS (Number and street) 1313 L Street NW

(Check if address is changed)

Washington DC 20005 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

sburger@seiu.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2028888329

2. DATE 02 23 2005

3. FEC IDENTIFICATION NUMBER C C00004036

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Anne Burger

Signature of Treasurer Electronically Filed by Anne Burger Date 02 23 2005

NOTE: Submission of false, fraudulent, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) X This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Service Employees International Union

Mailing Address 1313 L Street, NW

Washington DC 20005 -

CITY STATE ZIP CODE

Relationship Connected

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | X Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

Service Employees International Union Committee On Political Education (SEIU COPE)

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name: Liz Gustafson

Mailing Address: 1313 L Street, NW

Washington (CITY ▲) DC (STATE ▲) 20005 (ZIP CODE ▲)

Title or Position ▼: C.F.O.

Telephone number: 202 - 898 - 3200

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Anna Burger

Mailing Address: 1313 L Street, NW

Washington (CITY ▲) DC (STATE ▲) 20005 (ZIP CODE ▲)

Title or Position ▼: Treasurer

Telephone number: 202 - 898 - 3200

Full Name of Designated Agent:

Mailing Address:

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

Telephone number: - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Amalgamated Bank

Mailing Address 1825 K Street, NW

Washington DC 20005 -

CITY STATE ZIP CODE

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Suntrust Bank

Mailing Address 1445 new York Ave., NW

Washington DC 20005 -

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

1199 Service Employees Int'l Union Federal Political Action Fund

Mailing Address 330 W 42nd St, 7th Floor

New York NY 10036

CITY STATE ZIP CODE

Relationship Affiliated

Type of Connected Organization:

Corporation	Corporation w/o Capital Stock	X	Labor Organization
Membership Organization	Trade Association		Cooperative

Designated Agent [ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number ____ - ____ - ____

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

[ADDITIONAL]

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Local 32BJ SEIU American Dream Political Action Fund

Mailing Address 101 Avenue of the Americas

New York NY 10013

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliated

Type of Connected Organization:

Corporation	Corporation w/o Capital Stock	X	Labor Organization
Membership Organization	Trade Association		Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number - -

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

[ADDITIONAL]

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

New York State Public Employees Federation - COPE

Mailing Address P.O. Box 12414

Albany NY 12212

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliated

Type of Connected Organization:

Corporation	Corporation w/o Capital Stock	X	Labor Organization
Membership Organization	Trade Association		Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number ____ - ____ - ____

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

[ADDITIONAL]

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

1199 32BJ/144 Service Employees International Union Home Care Political Action Fund

Mailing Address 330 W 42nd St. 7th Floor

New York NY 10036

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliated

Type of Connected Organization:

Corporation	Corporation w/o Capital Stock	X	Labor Organization
Membership Organization	Trade Association		Cooperative

Designated Agent [ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number ____ - ____ - ____