



"Jeff Taggart" <JTaggart@afscme.org> on 12/27/2007 11:46:37 AM

To: <2022190174@fec.gov>
cc:

Subject: AFSCME C70000120 Form 9 12_27_07

Please find attached a FEC Form 9 Disclosure

Contact me should there be any questions.

Jeffrey M Taggart
Associate Director Accounting
AFSCME
202-429-1031 Work
703-474-9049 Cell



AFSCME C70000120 Form 9 12_27_07.pdf

27039580083

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

American Federation of State County and Municipal Employees, AFL-CIO

(b) Address (number and street) check if different than previously reported

1625 L Street, 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 7 0 0 0 0 1 2 0

3. Is This Statement

New

or

Amended

4. Covering Period

1 2 / 2 6 / 2 0 0 7

through

0 1 / 0 1 / 2 0 0 8

5. (a) Date of Public Distribution(s)

1 2 / 2 6 / 2 0 0 7

(b) Communication Title "Confusing"

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?

Yes

No

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes

No

8. Custodian of Records

(a) Name

William Lucy

(b) Address (number and street)

1625 L Street, NW

(c) City, State and ZIP Code

Washington, DC 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

0 0 0

10. Total Disbursements/Obligations This Statement

8 4 4 0 6 3 4

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Jeffrey M Taggart

SIGNATURE

Jeffrey M
Taggart

Digitally signed by Jeffrey M Taggart
DN: CN = Jeffrey M Taggart, C = US, O = DST
ACCESS Business Representative, OU =
AMERICAN FEDERATION OF STATE COUNTY
AND MUNICIPAL EMPLOYEES
Reason: I am the author of this document
Date: 2007.12.27 10:07:47 -0500

DATE 12-27-2007

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

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

11. Person(s) Sharing/Exercising Control

A.	(a) Name Paul Booth	(e) Occupation Executive to President
	(b) Address (number and street) 1625 L Street, NW	
	(c) City, State and ZIP Code Washington, DC 20036	
	(d) Name of Employer or Principal Place of Business AFSCME	
B.	(a) Name Richard Feller	(e) Occupation Associate Director
	(b) Address (number and street) 1625 L Street, NW	
	(c) City, State and ZIP Code Washington, DC 20036	
	(d) Name of Employer or Principal Place of Business AFSCME	
C.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
D.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
E.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	

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SCHEDULE 9-A
Donation(s) Received

27039580086

<p>A. Full Name of Donor</p> <p>NONE</p> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ _____</p> <hr/> <p>TOTAL This Period (last page this line number only) ▶ _____</p> <p>(carry total from last page to Line 9)</p>	

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Adelstein Liston		Date of Disbursement or Obligation MM / DD / YYYY 12 / 18 / 2007
Mailing Address of Payee 222 West Ontario Street		Amount \$ 84,406.34
City State Zip Code Chicago, IL 60610		Communication Date MM / DD / YYYY 12 / 26 / 2007
Name of Employer Occupation American Federation of State County & Municipal Employees, AFL-CIO		
Purpose of Disbursement (Including title(s) of communication(s)) Production cost & media buys for, ("Confusing")		
Name of Federal Candidate Barak Obama	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: _____	Disbursement/Obligation For: <input checked="" 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) ▶
B. Full Name (Last, First, Middle Initial) of Payee _____		Date of Disbursement or Obligation MM / DD / YYYY _____
Mailing Address of Payee _____		Amount \$ _____
City State Zip Code _____		Communication Date MM / DD / YYYY _____
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) ▶		\$ _____
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		\$ 84,406.34

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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
<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>12/27/01</i>

Jm H
 PREPARER

12/27/01
 DATE PREPARED

27039580088