



"Jeff Taggart" <JTaggart@afscme.org> on 01/16/2008 02:17:34 PM

To: <2022190174@fcc.gov>
cc:

Subject: AFSCME C30000398 Form 9 - 1_16_08

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 C30000798 Form 9 1_16_08.pdf

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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 3 0 0 0 0 7 9 8

3. Is This Statement



New

or



Amended

4. Covering Period

0 1

1 5

2 0 0 8

through

0 1

1 8

2 0 0 8

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

0 1

1 5

2 0 0 8

(b) Communication Title

"It's Tough Out There"

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

6 5 4 2 5 0 0

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 =
CST ACES Business Representative, OU =
AMERICAN FEDERATION OF STATE
COUNTY AND MUNICIPAL EMPLOYEES
Date: 2008.01.16 14:16:35 -0500

DATE

01-03-2008

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)

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

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

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SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor

NONE

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

B. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

C. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

D. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

E. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

SUBTOTAL of Donations This Page (optional)

Amount

TOTAL This Period (last page this line number only)
 (carry total from last page to Line 9)

Amount 0 0 0

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee Adelstein Liston <hr/> Mailing Address of Payee 222 West Ontario Street <hr/> City _____ State _____ Zip Code _____ Chicago, IL 60610 <hr/> Name of Employer _____ Occupation _____ American Federation of State County & Municipal Employees, AFL-CIO <hr/> Purpose of Disbursement (Including title(s) of communication(s)) Production cost & media buys for, ("It's Tough Out There")		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 01 / 15 / 2008 </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px;"> \$ 65,425.00 </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 01 / 15 / 2008 </div>
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: NV 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 <hr/> Mailing Address of Payee <hr/> City _____ State _____ Zip Code _____ <hr/> Name of Employer _____ Occupation _____ <hr/> Purpose of Disbursement (Including title(s) of communication(s))		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px;"> \$ </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>
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) ▶		<div style="border: 1px solid black; padding: 2px;"> \$ </div>
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		<div style="border: 1px solid black; padding: 2px;"> \$ 65,425.00 </div>

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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
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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>1/16/08</i>
<i>QSD</i> PREPARER	<i>1/16/08</i> DATE PREPARED

(3/2005)

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