



"Jeff Taggart" <JTaggart@afscme.org> on 12/21/2007 03:02:39 PM

To: <2022190174@fcc.gov>
cc:

Subject: AFSCME - C70000120 Form 9 - 24 Hr Disclosure

Please find attached a FEC Form 9 Disclosure

Contact me should there be any questions.

Jeffrey Taggart
Associate Director Accounting
AFSCME
202-429-1031 Work



703-474-9049 AFSCME FEC Form 9_12_21_07.pdf

27039574725

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) <input type="checkbox"/> check if different than previously reported 1625 L Street, NW	2. FEC Identification Number C 7 0 0 0 0 1 2 0
(c) City, State and ZIP Code Washington, DC 20036	
(d) Name of Employer or Principal Place of Business	(e) Occupation
3. Is This Statement	
<input checked="" type="checkbox"/> New	4. Covering Period 1 2 1 8 2 0 0 7 through 1 2 2 0 2 0 0 7
or <input type="checkbox"/> Amended	
5. (a) Date of Public Distribution(s) 1 2 2 0 0 2 0 0 7 (b) Communication Title "Confusing"	
6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes No <input checked="" type="checkbox"/>	
7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No <input checked="" type="checkbox"/>	
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 AFSCME	(e) Occupation Secretary-Treasurer
9. Total Donations This Statement 0 0 0	
10. Total Disbursements/Obligations This Statement 1 5 6 3 3 3 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 Taggart

SIGNATURE  DATE 12/21/2007

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

27039574726

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

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

27039574727

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor</p> <p style="text-align: center;">NONE</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">M M / D D / Y Y Y Y</p> <p style="text-align: center;">Amount</p> <p style="text-align: center;">\$</p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">M M / D D / Y Y Y Y</p> <p style="text-align: center;">Amount</p> <p style="text-align: center;">\$</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">M M / D D / Y Y Y Y</p> <p style="text-align: center;">Amount</p> <p style="text-align: center;">\$</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">M M / D D / Y Y Y Y</p> <p style="text-align: center;">Amount</p> <p style="text-align: center;">\$</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">M M / D D / Y Y Y Y</p> <p style="text-align: center;">Amount</p> <p style="text-align: center;">\$</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <hr/> <p>TOTAL This Period (last page this line number only) ▶</p> <p style="margin-left: 20px;">(carry total from last page to Line 9)</p>	
<p>0 0 0</p>	

27039574728

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 M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 7
Mailing Address of Payee 222 West Ontario Street		Amount 1 5 6 , 3 3 3 , 3 4
City State Zip Code Chicago, IL 60610		Communication Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 7
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 type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
State: NH District:		
Name of Federal Candidate Barak Obama	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
State: IA District:		
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
State: District:		
B. Full Name (Last, First, Middle Initial) of Payee _____		Date of Disbursement or Obligation M M / D D / Y Y Y Y
Mailing Address of Payee _____		Amount _____
City State Zip Code _____		Communication Date M M / D D / Y Y Y Y
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	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
State: District:		
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
State: District:		
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
State: District:		
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		_____
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		1 5 6 3 3 3 3 4

27039574729

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *E-MAIL* Date of Receipt or Postmarked
12/26/07

JM W *12/26/07*
 PREPARER DATE PREPARED

27039574730