

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF TEACHERS STAFF UNION**

A. Full Name (Last, First, Middle Initial) <b>FLOOD, THOMAS</b>		Date of Receipt MM/DD/YYYY <b>06/30/2008</b>
Mailing Address <b>180 WINTER ST</b>		Amount of Each Receipt this Period <b>210.00</b>
City <b>WOONSOCKET</b>	State <b>RI</b>	
Zip Code <b>02895</b>		Amount of Each Receipt this Period <b>210.00</b>
FEC ID number of contributing federal political committee. <b>C00157545</b>		
Name of Employer <b>AMERICAN FEDERATION OF TEACHERS</b>	Occupation <b>NATIONAL REPRESENTATIVE</b>	# 35 bi monthly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>420.00</b>	

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	<b>210.00</b>
TOTAL This Period (last page this line number only).....▶	<b>210.00</b>

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