

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|--|---------------------------------------|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule A: 1 | |
| 2 FILER NAME DOLORES ORTEGA CARTER | | 3 ACCOUNT # (Ethics Commission files) | |
| 4 Date 11-2-98 | 5 Full name of contributor AFSCME <input checked="" type="checkbox"/> out of state PAC | 7 Amount of contribution (\$) | 8 In-kind contribution description(if applicable) \$1,181.04 phone bank services |
| 6 Contributor address; City; State; Zip Code 1625 L Street N.W. Washington DC 20036 | | | |
| 9 Principal occupation multicandidate pac | | 10 Employer (optional) | |
| Date | Full name of contributor <input type="checkbox"/> out of state PAC | Amount of contribution (\$) | In-kind contribution description(if applicable) |
| Contributor address; City; State; Zip Code | | | |
| Principal occupation | | Employer (optional) | |
| Date | Full name of contributor <input type="checkbox"/> out of state PAC | Amount of contribution (\$) | In-kind contribution description(if applicable) |
| Contributor address; City; State; Zip Code | | | |
| Principal occupation | | Employer (optional) | |
| Date | Full name of contributor <input type="checkbox"/> out of state PAC | Amount of contribution (\$) | In-kind contribution description(if applicable) |
| Contributor address; City; State; Zip Code | | | |
| Principal occupation | | Employer (optional) | |
| Date | Full name of contributor <input type="checkbox"/> out of state PAC | Amount of contribution (\$) | In-kind contribution description(if applicable) |
| Contributor address; City; State; Zip Code | | | |
| Principal occupation | | Employer (optional) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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