

REPORT OF COMMUNICATION COSTS BY CORPORATIONS AND MEMBERSHIP ORGANIZATIONS

(See reverse side for instructions.) **AMENDED**

1. (a) NAME OF ORGANIZATION American Federation of State, County and Municipal Employees	2. IDENTIFICATION NUMBER (Assigned by FEC) C0000120
(b) ADDRESS (Number and Street) 1625 L St. NW	3. TYPE OF ORGANIZATION (Check Appropriate Box) <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Labor Organization <input type="checkbox"/> Membership Organization <input type="checkbox"/> Trade Association <input type="checkbox"/> Cooperative <input type="checkbox"/> Corporation without capital stock
(c) CITY, STATE AND ZIP CODE Washington, DC 20036	

4. TYPE OF REPORT (Check One):

(a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report

12 Day Pre-General Election Report held on _____ in the State of _____ (date)

January 31 Year End Report

(b) Is this Report an Amendment? YES NO

5. THIS REPORT COVERS THE PERIOD Nov. 1, **THROUGH** Nov. 30, 1993

SUMMARY OF COMMUNICATION COSTS

Type of Communication	Class or Category Communicated With	Date(s) of Communication	Check One		Identify Candidates, Office Sought, District and State, and Whether for Primary or General Election	Cost of Communication (Per Candidate)
			Support	Oppose		
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other: (Specify) _____	<input type="checkbox"/> Executive/Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members	NO ACTIVITY THIS MONTH				
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other: (Specify) _____	<input type="checkbox"/> Executive/Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members					

NOTE: For additional communications, attach separate sheets containing the same information as above.)

TOTAL COMMUNICATION COSTS FOR THIS PERIOD \$ _____

I certify that I have examined this report and, to the best of my knowledge and belief, it is true, correct and complete.

William Lucy *William Lucy* May 26, 1994
 Type or Print Name Signature and Title of Person Designated to Sign This Report Date

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

WHERE TO FILE:
 Federal Election Commission
 1325 K Street, N.W.
 Washington, D.C. 20543

FOR FURTHER INFORMATION CONTACT:
 Federal Election Commission
 Toll Free: 800-424-9830
 Local: 202-523-4068

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