## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)  AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL  EMPLOYEES PEOPLE	C C00011114
Check If $X$ 24-hour report 48-hour report $X$ New report $X$ Amends report filed on	M / D = D / Y = Y = Y
Mailing Address 2001 N. Beauregard Street	0 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 420 Amount	
City State Zip Code Alexandria VA 22311	38443.68
Purpose of Expenditure MPND12010 - VAW #2  Category/ Type  Office Sought:	tion ID : SE.273706  House State: ND Senate District: 00 President
Name of Federal Candidate Supported or Opposed by Expenditure:  RICHARD A BERG  Check One:	Support
Calendar Year-To-Date Per Election for Office Sought Disbursement 2012 Other	er (specify)
Full Name (Last, First, Middle Initial) of Payee Date	M / D D / Y Y Y Y
Mailing Address Amount	
City State Zip Code	
Purpose of Expenditure  Category/ Type  Office Sought	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:  Check One:	President Oppose
Calendar Year-To-Date Per Election for Office Sought	er (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	38443.68
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	38443.68
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
LAURA REYES  [Electronically Filed] Date  M M M M 10	19 / 2012