

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation AFL-CIO Committee on Political Education Treasury Account			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 - 16th Street, NW #7075			
(c) City, State and ZIP Code Washington DC 20006		3. FEC Identification Number C C00000000 C90011255	
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Individual filers only Name of Employer _____ Occupation _____			

4. TYPE OF REPORT (check appropriate boxes):	
(a) <input type="checkbox"/> April 15 Quarterly Report	<input checked="" type="checkbox"/> 24-Hour Notice <input type="checkbox"/> 48-Hour Notice
<input type="checkbox"/> July 15 Quarterly Report	
<input type="checkbox"/> October Quarterly Report	
<input type="checkbox"/> January 31 Year-End Report	
(b) Is this Report an amendment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5. COVERING PERIOD: FROM ^{M M} 06 / ^{D D} 04 / ^{Y Y Y Y} 2010	
THROUGH ^{M M} 06 / ^{D D} 08 / ^{Y Y Y Y} 2010	
6. TOTAL CONTRIBUTIONS00
7. TOTAL INDEPENDENT EXPENDITURES.....	1034.66

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures 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	SIGNATURE	DATE
Elizabeth H Shuler	_____	06/04/2010

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

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

10030343132

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
AFL-CIO Committee on Political Education Treasury Account

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y 06 / 04 / 2010
Mailing Address 815 - 16th Street, NW		Amount 852.72
City Washington	State DC	
Zip Code 20006		
Purpose of Expenditure Salary Expenses	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Blanche Lincoln		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 33630.22		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>Runoff</u>

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y 06 / 04 / 2010
Mailing Address 815 -16th Street, NW		Amount 58.57
City Washington	State DC	
Zip Code 20006		
Purpose of Expenditure Travel Expenses	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 33688.74		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>Runoff</u>

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y 06 / 04 / 2010
Mailing Address 815 16th Street, NW		Amount 58.57
City Washington	State DC	
Zip Code 20006		
Purpose of Expenditure Travel Expenses	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Blanche Lincoln		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 33688.79		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>Runoff</u>

(a) **SUBTOTAL** of Itemized Independent Expenditures 969.86

(b) **SUBTOTAL** of Unitemized Independent Expenditures.....

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
AFL-CIO Committee on Political Education Treasury Account

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y 06 / 04 / 2010	
Mailing Address 815 16th Street, NW		Amount 32.40	
City Washington	State DC	Zip Code 20006	
Purpose of Expenditure Meeting Expense	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>AR</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 33721.14		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>Runoff</u>	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y 06 / 04 / 2010	
Mailing Address 815 - 16th Street, NW		Amount 32.40	
City Washington	State DC	Zip Code 20006	
Purpose of Expenditure Meeting Expense	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>AR</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Blanche Lincoln		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 33721.19		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>Runoff</u>	

(a) SUBTOTAL of Itemized Independent Expenditures	64.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1034.66
(carry total from last page forward to Line 7)	

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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.

Date of Receipt

Hand Delivered

Postmarked

USPS First Class Mail

Postmarked (R/C)

USPS Registered/Certified

Postmarked

USPS Priority Mail

Delivery Confirmation™ or Signature Confirmation™ Label

Postmarked

USPS Express Mail

Postmark Illegible

No Postmark

Shipping Date

Overnight Delivery Service (Specify):

Next Business Day Delivery

Date of Receipt

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 or Postmarked

Other (Specify): *Webform # 458*

6/4/10

EW

6/4/10

PREPARER

DATE PREPARED

(3/2005)

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