

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1625 L STREET NW			
(c) City, State and ZIP Code WASHINGTON DC 20036			3. FEC Identification Number <div> <div>C</div> <div>C90011172</div> </div>
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report ☒ 24-Hour Report

☐ October 15 Quarterly Report ☐ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on / /

5. COVERING PERIOD:

FROM / /

THROUGH / /

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE _____

[Electronically Filed]

WINGFIELD, CLAUDETTE, , ,

WINGFIELD, CLAUDETTE, .,

10/21/2016

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 7
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO

Full Name (Last, First, Middle Initial) of Payee

WATERFRONT STRATEGIES

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 20 / 2016

Mailing Address 3050 K STREET, NW

SUITE 100

Amount

720288.00

City

State

Zip Code

WASHINGTON

DC

20007

Transaction ID : F57.000001

Purpose of Expenditure
TV AD "BEST"Category/
Type 004

Office Sought:

☐ House

State: MO

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BLUNT, ROY, , ,Calendar Year-To-Date Per Election
for Office Sought

1803197.70

Disbursement For:
2016☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

WATERFRONT STRATEGIES

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 20 / 2016

Mailing Address 3050 K STREET, NW

SUITE 100

Amount

12448.72

City

State

Zip Code

WASHINGTON

DC

20007

Transaction ID : F57.000002

Purpose of Expenditure
TV AD "BEST"Category/
Type 004

Office Sought:

☐ House

State: MO

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BLUNT, ROY, , ,Calendar Year-To-Date Per Election
for Office Sought

1803197.70

Disbursement For:
2016☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

THE STRATEGY GROUP, INC

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 21 / 2016

Mailing Address 730 N FRANKLIN

SUITE 404

Amount

20978.20

City

State

Zip Code

CHICAGO

IL

20036

Transaction ID : F57.000003

Purpose of Expenditure
DIRECT MAILCategory/
Type 004

Office Sought:

☐ House

State: NH

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
AYOTTE, KELLY, , ,Calendar Year-To-Date Per Election
for Office Sought

1486827.96

Disbursement For:
2016☐ Primary☒ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 753714.92

(b) SUBTOTAL of Unitemized Independent Expenditures

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

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 7
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NAME OF FILER (In Full)

AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO

Full Name (Last, First, Middle Initial) of Payee

LINEMARK

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Mailing Address 501 PRINCE GEORGES BOULEVARD

Amount

475.49

Transaction ID : F57.000004

Purpose of Expenditure
PLACARDCategory/
Type 004
 Office Sought: ☐ House State: FL
☐ Senate District: _____
☒ President
Name of Federal Candidate Supported or Opposed by Expenditure:
CLINTON, HILLARY RODHAM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

9377.16

 Disbursement For: ☐ Primary ☒ General
 2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

LINEMARK

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Mailing Address 501 PRINCE GEORGES BOULEVARD

Amount

475.49

Transaction ID : F57.000005

Purpose of Expenditure
PLACARDCategory/
Type 004
 Office Sought: ☐ House State: PA
☐ Senate District: _____
☒ President
Name of Federal Candidate Supported or Opposed by Expenditure:
CLINTON, HILLARY RODHAM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

9377.16

 Disbursement For: ☐ Primary ☒ General
 2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

LINEMARK

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Mailing Address 501 PRINCE GEORGES BOULEVARD

Amount

475.49

Transaction ID : F57.000006

Purpose of Expenditure
PLACARDCategory/
Type 004
 Office Sought: ☐ House State: OH
☐ Senate District: _____
☒ President
Name of Federal Candidate Supported or Opposed by Expenditure:
CLINTON, HILLARY RODHAM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

9377.16

 Disbursement For: ☐ Primary ☒ General
 2016 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

1426.47

(b) SUBTOTAL of Unitemized Independent Expenditures▶

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

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 7
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NAME OF FILER (In Full)

AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO

Full Name (Last, First, Middle Initial) of Payee

LINEMARK

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Mailing Address 501 PRINCE GEORGES BOULEVARD

Amount

475.49

Transaction ID : F57.000007

Purpose of Expenditure
PLACARDCategory/
Type 004
 Office Sought: ☐ House State: MO
☐ Senate District: _____
☒ President
Name of Federal Candidate Supported or Opposed by Expenditure:
CLINTON, HILLARY RODHAM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

9377.16

 Disbursement For: ☐ Primary ☒ General
 2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

LINEMARK

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Mailing Address 501 PRINCE GEORGES BOULEVARD

Amount

475.49

Transaction ID : F57.000008

Purpose of Expenditure
PLACARDCategory/
Type 004
 Office Sought: ☐ House State: NH
☐ Senate District: _____
☒ President
Name of Federal Candidate Supported or Opposed by Expenditure:
CLINTON, HILLARY RODHAM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

9377.16

 Disbursement For: ☐ Primary ☒ General
 2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

LINEMARK

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Mailing Address 501 PRINCE GEORGES BOULEVARD

Amount

475.49

Transaction ID : F57.000009

Purpose of Expenditure
PLACARDCategory/
Type 004
 Office Sought: ☐ House State: NV
☐ Senate District: _____
☒ President
Name of Federal Candidate Supported or Opposed by Expenditure:
CLINTON, HILLARY RODHAM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

9377.16

 Disbursement For: ☐ Primary ☒ General
 2016 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

1426.47

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

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NAME OF FILER (In Full)

AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO

Full Name (Last, First, Middle Initial) of Payee

LINEMARK

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y
10		20		2016

Mailing Address 501 PRINCE GEORGES BOULEVARD

Amount

475.48

Transaction ID : F57.000010

Purpose of Expenditure
PLACARDCategory/
Type 004
 Office Sought: ☐ House State: IA
☒ Senate District: _____
☒ President
Name of Federal Candidate Supported or Opposed by Expenditure:
CLINTON, HILLARY RODHAM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

9377.16

 Disbursement For: ☐ Primary ☒ General
 2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

LINEMARK

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y
10		20		2016

Mailing Address 501 PRINCE GEORGES BOULEVARD

Amount

662.80

Transaction ID : F57.000011

Purpose of Expenditure
PLACARDCategory/
Type 007
 Office Sought: ☐ House State: FL
☒ Senate District: _____
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
MURPHY, PATRICK, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

662.80

 Disbursement For: ☐ Primary ☒ General
 2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

LINEMARK

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y
10		20		2016

Mailing Address 501 PRINCE GEORGES BOULEVARD

Amount

662.80

Transaction ID : F57.000012

Purpose of Expenditure
PLACARDCategory/
Type 004
 Office Sought: ☐ House State: PA
☒ Senate District: _____
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
MCGINTY, KATHLEEN, ALANA, ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

662.80

 Disbursement For: ☐ Primary ☒ General
 2016 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 1801.08

(b) SUBTOTAL of Unitemized Independent Expenditures

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

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NAME OF FILER (In Full)

AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO

Full Name (Last, First, Middle Initial) of Payee

LINEMARK

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Mailing Address 501 PRINCE GEORGES BOULEVARD

Amount

662.80

Transaction ID : F57.000013

Purpose of Expenditure
PLACARDCategory/
Type 004

Office Sought:

☐ House

State: OH

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
STRICKLAND, TED, , ,Calendar Year-To-Date Per Election
for Office Sought

2283946.20

Disbursement For:
2016☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

LINEMARK

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Mailing Address 501 PRINCE GEORGES BOULEVARD

Amount

331.40

Transaction ID : F57.000014

Purpose of Expenditure
PLACARDCategory/
Type 004

Office Sought:

☐ House

State: MO

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
KANDER, JASON, , ,Calendar Year-To-Date Per Election
for Office Sought

1803197.70

Disbursement For:
2016☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

LINEMARK

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Mailing Address 501 PRINCE GEORGES BOULEVARD

Amount

331.40

Transaction ID : F57.000015

Purpose of Expenditure
PLACARDCategory/
Type 004

Office Sought:

☐ House

State: NH

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
HASSAN, MARGARET WOOD, , ,Calendar Year-To-Date Per Election
for Office Sought

1486827.96

Disbursement For:
2016☐ Primary☒ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

1325.60

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 7 OF 7
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NAME OF FILER (In Full)

AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO

Full Name (Last, First, Middle Initial) of Payee

LINEMARK

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y Y Y
10		20		2016

Mailing Address 501 PRINCE GEORGES BOULEVARD

Amount

City	State	Zip Code
UPPER MARLBORO	MD	20774

Amount
331.40

Transaction ID : F57.000016

Purpose of Expenditure
PLACARDCategory/
Type 006

Office Sought:	<input type="checkbox"/> House	State: NV
	<input checked="" type="checkbox"/> Senate	District: _____
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:
MASTO, CATHERINE CORTEZ, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

Calendar Year-To-Date Per Election for Office Sought
331.40

Disbursement For:	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
2016		
<input type="checkbox"/> Other (specify)	▶ _____	

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

Mailing Address

M M	/	D D	/	Y Y Y Y Y Y

Amount

City	State	Zip Code

Amount

Purpose of Expenditure

Category/
Type

Office Sought:	<input type="checkbox"/> House	State: _____
	<input type="checkbox"/> Senate	District: _____
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	▶ _____	

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

Mailing Address

M M	/	D D	/	Y Y Y Y Y Y

Amount

City	State	Zip Code

Amount

Purpose of Expenditure

Category/
Type

Office Sought:	<input type="checkbox"/> House	State: _____
	<input type="checkbox"/> Senate	District: _____
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 331.40

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 760025.94
(carry total from last page forward to Line 7)