

# 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 <b>AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO</b>			3. FEC Identification Number <b>C</b> C90011172
(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			
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  /  /  07 / 01 / 2016  
THROUGH  /  /  08 / 09 / 2016

6. TOTAL CONTRIBUTIONS.....  .00  
7. TOTAL INDEPENDENT EXPENDITURES .....  1137261.31

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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
CLAUDETTE WINGFIELD	CLAUDETTE WINGFIELD <i>[Electronically Filed]</i>	08/11/2016

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

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO

Full Name (Last, First, Middle Initial) of Payee AMERICAN UNIONS EMBROIDERY AND SCREEN PRINTING, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2016	
Mailing Address 123 SWIGGUM ROAD		Amount 4182.69	
City WESTBY	State WI	Zip Code 54667	Transaction ID : F57.000001
Purpose of Expenditure LAPEL PINS	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1447521.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee WATERFRONT STRATEGIES		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016	
Mailing Address 3050 K STREET, NW SUITE 100		Amount 1102111.00	
City WASHINGTON	State DC	Zip Code 20007	Transaction ID : F57.000002
Purpose of Expenditure TV AD "FACTORY"	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: ROB PORTMAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1447521.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SHORR JOHNSON MAGNUS		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016	
Mailing Address 100 N. 20TH STREET SUITE 201		Amount 30909.88	
City PHILADELPHIA	State PA	Zip Code 19103	Transaction ID : F57.000003
Purpose of Expenditure PRODUCTION TV AD "FACTORY"	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: ROB PORTMAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1447521.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1137203.57
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO

Full Name (Last, First, Middle Initial) of Payee AMERICAN UNIONS EMBROIDERY AND SCREEN PRINTING, INC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2016	
Mailing Address 123 SWIGGUM ROAD		Amount 57.74	
City WESTBY	State WI	Zip Code 54667	Transaction ID : F57.000004
Purpose of Expenditure SHIPPING	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NY District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1447521.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
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		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	57.74
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	1137261.31